

Medical Statement for Special Dietary Accommodations



All sections must be completely filled out before the form is accepted. Accommodations may take up to 10-15 business days to begin.

Part I - To be completed by parent or guardian:

Student ID #: _____

Student's Name: (Last) _____ (First) _____ Date of Birth: ____/____/____

Student's Pronouns (she/he): _____ School Attending: _____ Grade: _____

Which meals will the child eat at school? (please circle all that apply): **Breakfast** **Lunch** **After School Snack**

Parent/Guardian Name: (First and Last) _____

Parent Contact Phone Number: () _____ Email: _____

Does the student need to sit at a peanut-free or allergy-free table in the cafeteria? Yes No

I give the Food & Nutrition Department permission to speak with the below named Licensed Healthcare Professional to discuss the dietary needs described below.

Parent/Guardian Signature: _____ Date: _____

Part II - To be completed by Licensed Healthcare Professional (individual who is authorized to write medical prescriptions under state law)

Student has a: **food intolerance** (only affects the digestive system causing symptoms related to the bowels)

life-threatening food allergy (affects the immune system causing a severe or life-threatening reaction)

food Intolerance _____ **life-threatening food allergy** _____ **If allergy, has an EpiPen been prescribed?** Yes No

Please check: Needs close supervision Managed by child with moderate supervision Self-controlled by child

Please provide a brief explanation of how ingestion, contact, inhalation and/or exposure to the food affects the child:

Foods to be omitted from the diet (please mark all that apply):

- Fluid milk All dairy products (milk, cheese, yogurt) Dairy in baked goods (muffins, etc) All milk protein (casein, whey, etc.)
- Wheat Gluten Corn (corn meal/flour, whole corn) All corn additives (dextrose, dextrin, caramel color, etc.)
- Peanuts All nuts Coconut Fruit: _____
- Soy protein Soy derivatives (soybean oil, soy lecithin, soy albumin, etc.) Vegetable: _____
- Whole Egg Egg in baked goods All egg protein (albumin, globulin, lysozyme, etc.)
- Fish Shellfish Other (please be specific): _____

Foods that can be used as a substitute: _____

Texture Modification: Soft Minced/ground Pureed Other (specify): _____

This diet request is: _____ **Permanent** (This diet request will remain in effect during the time the student is enrolled in PUSD)

This diet request is: _____ **Temporary** (This diet request is effective for the current school year. A new form will be required annually.)

Name of Licensed Physician (please print): _____

Physician's Signature: _____ **Date:** _____

Phone: _____ **Fax:** _____

Mailing Address: _____

If any changes occur to the child's diet, please update the Food & Nutrition Office. A new form may be required.

Send completed form to Peoria Unified School District Food & Nutrition Office via fax, scan/email, or mail:

10721 N. 95th Avenue, Peoria, AZ 85345

Phone: (623) 487-5184 Fax: (623) 487-5190 Email: foodandnutrition@pusd11.net