

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/they): _____ 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: _____

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

Parent/Guardian Signature: _____ Date: _____

Part II (to be completed by Licensed Physician —M.D. or D.O. only)

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

Does the child have a life-threatening food allergy? Yes No If yes, has an EpiPen been prescribed? Yes No

Please check: ☐ Life Threatening (needs close supervision) ☐ Managed by child with moderate supervision ☐ Self-controlled by child

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

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Fluid milk | <input type="checkbox"/> Milk in baked goods | <input type="checkbox"/> All dairy products | <input type="checkbox"/> All milk protein (casein, whey, etc.) |
| <input type="checkbox"/> Wheat | <input type="checkbox"/> Gluten | <input type="checkbox"/> Corn (as major ingredient) | <input type="checkbox"/> All corn additives (dextrose, dextrin, caramel color, etc.) |
| <input type="checkbox"/> Peanuts | <input type="checkbox"/> Fish | <input type="checkbox"/> Soy protein | <input type="checkbox"/> Soy derivatives (soybean oil, soy lecithin, soy albumin, etc.) |
| <input type="checkbox"/> All nuts | <input type="checkbox"/> Shellfish | <input type="checkbox"/> Fruit: _____ | <input type="checkbox"/> Vegetable: _____ |
| <input type="checkbox"/> Coconut | <input type="checkbox"/> Whole Egg | <input type="checkbox"/> Egg in baked goods | <input type="checkbox"/> All egg protein (albumin, globulin, lysozyme, etc.) |
| <input type="checkbox"/> Other (please be specific): _____ | | | |

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

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. A new diet request will be required to change any aspect of information provided in this request.)

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

Dietitian's Name (if available): _____ Phone () _____

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

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