

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: _____

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)

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):

- Fluid milk Milk in baked goods All dairy products All milk protein (casein, whey, etc.)
- Wheat Gluten Corn (as major ingredient) All corn additives (dextrose, dextrin, caramel color, etc.)
- Peanuts Fish Soy protein Soy derivatives (soybean oil, soy lecithin, soy albumin, etc.)
- All nuts Shellfish Fruit: _____ Vegetable: _____
- Coconut Whole Egg Egg in baked goods All egg protein (albumin, globulin, lysozyme, etc.)
- 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