

Medical Statement for Special Dietary Accommodations



All sections must be filled out in its entirety 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: ____/____/____

School Attending: _____ Grade: _____

Parent/Guardian Name: (First and Last) _____

Parent Contact Phone Number: _____ Email: _____

Does the student need to sit at an allergen aware table in the cafeteria or classroom? Yes No

By marking "No", you understand that your child's risk of being exposed to their allergen increases due to things such as cross contamination, food sharing, and less monitoring of what students are eating at the table. Peoria Unified School District will not be held responsible for any accidental exposure. Initials: _____

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 the student's Healthcare Professional (An individual who is authorized to write medical prescriptions under state law. This form will be **null and void** if anyone other than the medical professional completes this portion of the form. **No exceptions.**)

Please indicate how ingestion, contact, inhalation and/or exposure to the food affects the child:

- Digestive Issues
- Excess Mucus Production
- Decreased Energy/Lethargy
- Skin Conditions
- Coughing/Wheezing,
- Itching
- Mouth Tingling
- Swelling in Oral Cavity
- Hives
- Anaphylaxis.
- Other (please be specific): _____

Has an EpiPen been prescribed? Yes No Which allergy(ies) is the EpiPen prescribed for? _____

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

- Peanuts
- Tree Nuts
- Coconut
- Gluten
- Fish
- Shellfish
- Sesame Seed

Dairy Products: Milk Cheese Yogurt Milk baked into products (muffins, pancakes, etc.)

Egg Products: Whole Egg (hardboiled, scrambled, etc.) Egg in baked goods (muffins, pancakes, etc.)

Soy: Soy Milk Soybean/Edamame/Tofu Soy Sauce **Corn:** Whole Corn Corn as an ingredient (corn meal/flour)

Other Ingredient: (When marked, this will severely restrict the options of the student)

- All Dairy Proteins (Whey, Casein, butter, etc.)
- All Egg Proteins (Albumin, globulin)
- Soy Derivatives (soybean oil, soy lecithin, soy albumin, etc.)
- All Corn Additives (dextrose, dextrin, caramel color, etc.)
- Other not listed (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 will 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