

# 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

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? 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 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 - Complete by the student's Healthcare Professional** (individual who is authorized to write medical prescriptions under state law)

Student has a: **Food Intolerance** (affects the digestive system causing symptoms related to the bowels)

**Food Allergy** (affects the immune system causing a severe or life-threatening reaction)

Food Intolerance \_\_\_\_\_ Food 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):

**Dairy Products:**  Milk  Cheese  Yogurt  Milk baked into products (muffins, pancakes, etc.)  All Proteins (Whey, Casein)

**Egg Products:**  Whole Egg (hardboiled, scrambled, etc.)  Egg in baked goods (muffins, pancakes, etc.)  All Proteins (Albumin, globulin)

**Soy:**  Soy Milk  Soybean/Edamame/Tofu  Soy Sauce  Soy derivatives (soybean oil, soy lecithin, soy albumin, etc.)

**Corn:**  Whole Corn  Corn as an ingredient (corn meal/flour)  All corn additives (dextrose, dextrin, caramel color, etc.)

Peanuts  All Nuts  Coconut  Wheat  Gluten  Fish  Shellfish  Sesame Seed

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.)

This student is under my direct care and is seen at my office regularly.

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