SY 2023-2024

Medical Statement for Special Dietary Accommodations

PEORIA UNIFIED SCHOOL DISTRICT

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 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** (*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