

**Peoria Unified School District  
Food & Nutrition Department  
Special Dietary Needs Form**

The attached form is required for any menu substitutions or accommodations due to special dietary needs and must be completed and signed by a licensed physician (M.D. or D.O.). Special diet requests can take 10-15 business days to process once the completed Special Dietary Needs Form has been received by the Food & Nutrition Office. If you do not want your child to receive a regular lunch during this time, please plan to send a lunch with your child until you have received verification from the district dietitian that your child's special diet has been reviewed and accommodations can be made. We cannot accept an allergy lab report in place of a physician's note. Additional physician notes may be submitted in addition to this form to the Food & Nutrition Department.

### Students with Disabilities

USDA regulations require that substitutions or modifications be made in school meals for children whose disabilities restrict their diets when that need is certified by a licensed physician. Food allergies that are life-threatening (resulting in anaphylactic reactions) are defined as a disability under section 504 of *The Rehabilitation Act of 1973*.

### Students with Non-Life Threatening Food Allergies or Other Special Dietary Needs

The Peoria Unified School District Food & Nutrition Department may make food substitutions, at their discretion, for individual children who do not have a disability, but who are medically certified as having a special medical or dietary need. The PUSD Food & Nutrition Department will try to accommodate any reasonable request for students without a disability. However, schools are not required to serve special meals to all children with diet restrictions (i.e. most food allergies/intolerances, such as wheat, citrus, egg, corn, lactose intolerance). Such determinations regarding dietary modifications will be made on a case-by-case basis by the PUSD Food & Nutrition Registered Dietitians.

### Instructions for Part I (to be completed by parent or guardian):

**Name of Student:** Enter the student's last and first name.

**Date of Birth:** Enter the student's eight-digit date of birth (i.e. March 31, 2002 = 03/31/2002)

**School:** Enter the name of the school that the student regularly attends.

**Student ID #:** Enter the student's school ID number (if known).

**Parent/Guardian:** Enter the full name of the student's parent(s) or legal guardian(s).

**Phone Number:** Enter the parent/guardian's daytime phone number with area code.

**Email:** If available, enter the primary email address for the parent/guardian.

**Signature of Parent/Guardian:** Enter the signature of one parent or legal guardian's name. A printed name on the previous line should correspond to the signature.

### Instructions for Part II (to be completed by Physician – M.D. or D.O. only):

**Patient's Diagnosis:** Insert the patient's clinical diagnosis for the condition that requires dietary modifications.

**Is the medical condition a disability?** Indicate if the above medical diagnosis is considered a disability based on the definition set outlined in section 504 of the *Rehabilitation Act of 1973*, the *Americans with Disabilities Act of 1990*, and the *Individuals with Disabilities Education Act (IDEA)*.

**If yes, please explain how the disability restricts the diet and the major life activities affected by the disability:** Describe the patient's condition as it affects a major life activity (i.e. caring for one's self, walking, seeing, speaking, learning, working, etc.). Describe how the restrictions of the patient's condition affect his or her diet.

**Does the child have a life-threatening food allergy?** Indicate Yes or No.

**If yes, has an EpiPen been prescribed?** Indicate Yes or No.

**Foods to be omitted:** Please check the appropriate box (all that apply) to indicate which foods or food ingredients must be omitted from the student's diet.

**Does the student need to sit at a peanut free table in the cafeteria?** Indicate yes or no.

**Foods to be used for substitution:** Please indicate if there are any specific foods that should be used to replace the foods that are being omitted.

**Please check:** Please check the appropriate box for the child's condition – (life-threatening, managed by child with moderate supervision, or self-controlled by the child).

**Diet request is permanent or temporary:** Does the student have a permanent disability (i.e. celiac disease, anaphylactic food allergies, diabetes, etc.) or are the dietary modifications requested based on a temporary need to eliminate a food group (allergy testing, elimination diet trial, etc.).

**Dietitian's Name (if available):** Provide a dietitian's name and phone number if available.

**Physician:** Print the name, address, and phone number of the physician completing the form.

**Physician Signature:** Enter the signature of the physician filling out the form and the date signed.

**Please fax to:**  
623-487-5190

**Please mail to:**  
Peoria Unified School District Food & Nutrition Department  
10721 North 95th Avenue, Peoria, AZ 85345

**Please email to:**  
angomez@peoriaud.k12.az.us

# 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 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):

- Wheat                       Gluten                       Whole Eggs                       All egg protein (albumin, etc.)
- Peanuts                       Fluid milk                       All dairy products                       All milk protein (casein, whey, etc.)
- All nuts                       Coconut                       Soy protein                       Soy derivatives (soybean oil, soy lecithin)
- Shellfish                       Fish                       Corn (as major ingredient)                       All corn additives (Dextrose, Dextrin, Caramel color, etc.)
- Other (please be specific): \_\_\_\_\_

Does the student need to sit at a peanut 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: [angomez@pusd11.net](mailto:angomez@pusd11.net)    Phone: (623) 487-5184