Special Dietary Needs Medical Statement

This school/facility participates in a federally funded Child Nutrition Program and any meals, milk, and snacks served must meet program requirements. Reasonable meal accommodations must be made when the accommodation requested is due to a disability or impairment. If you are requesting a meal accommodation or substitution, please complete and sign this form. A note [illegible] may be required. If you have any questions, please contact [illegible] at [illegible].

Parent/Guardian:

Student's Name	Date of Birth	Grade Level/Classroom	Name of School/Site

Name of Parent/Guardian	Phone Number of Parent/Guardian

[illegible]

Allergies and Intolerances	
	What food(s)/type(s) of foods should be omitted? Please be as specific as possible.
	List foods to be substituted.

[illegible]

Medical Authority:

Texture Modifications	&[illegible] Pureed Diced/Finely Ground Chopped/cut into bite-size pieces Other (please specify):	**Liquids should be:** Pudding Thick Honey/Nectar Thick Thinned Other (please specify):
[illegible]	**Provide an explanation of how the student's physical or mental impairment restricts the student's diet**	
	Describe any additional details for clarification such as required special adaptive equipment[illegible]	

Name of Medical Authority & Title (please PRINT)	Provider Phone Number
Signature of Medical Authority	Date

Signing the following section is optional, but may prevent delays by allowing school personnel to speak with the medical authority.

Health Insurance Portability and Accountability Act Waiver (HIPPA)

In accordance with the provisions of the Health Insurance Portability and Accountability Act of 1996 and Family Educational Rights and Privacy Act (FERPA), I hereby authorize _____(medical authority) to release such protected health information of my child as is necessary for the specific purpose of [illegible] nformation to _____(school/program), and I consent to allow the medical authority to freely exchange the information listed on this form and in their records concerning my child, with the [illegible] as nece ssary. I understand that I may refuse to sign this authorization without impact on the eligibility of my request for a special diet for my child. I understand that permission to release this information may be rescinded at any time except when the information has already been released. [illegible] purpose of [illegible] nformation. The undersigned certifies that he/she is the [illegible] and has the legal authority to si[illegible]n on behalf of that [illegible]

Parent/Guardian Signature:_____ **Date**:_____

School/Faculty Use Only:

☐ Form Received on _____. ☐ Accommodation will begin on _____.

☐ Accommodations within meal pattern. ☐ Accommodations not within meal pattern.

☐ Form incomplete. Parent contacted on _____.

☐ Form complete. Accommodation will not be made. ☐ Request not reasonable. ☐ 504 coordinator contacted[illegible]

_____ _____

Date Signature of Food Service Director/Contact