



- Student Office File
- Student Medical File
- Food Services File

Medical Statement for Student Requiring Special Meals (2020-2021)

Student Last Name, First Name

Birth Date

Grade

THIS PORTION TO BE COMPLETED BY A LICENSED HEALTH PROFESSIONAL (please print clearly)

Identify and describe medical condition, including allergies that require the student to have a special diet. Describe the major life activities affected by the student's medical condition.

Nutrition Prescription (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Diabetic (include calorie level or attach meal plan) <input type="checkbox"/> Reduced calorie <input type="checkbox"/> Food allergy (describe): _____ <small style="margin-left: 40px;"><i>Please complete a Food Allergy Assesment Form</i></small> <input type="checkbox"/> Other (describe): _____ | <input type="checkbox"/> Modified texture and/or liquids <input type="checkbox"/> Increased calories |
|--|---|

Food Omitted and Substitutions

Use space to list specific food(s) to be omitted and food(s) that may be substituted. You may attach an additional sheet if necessary.

OMITTED FOODS

SUBSTITUTIONS

| | |
|--|--|
| | |
| | |

- | | | | | |
|--------------------------------|----------------------------------|----------------------------------|---------------------------------|----------------------------------|
| Indicate Texture: | <input type="checkbox"/> Regular | <input type="checkbox"/> Chopped | <input type="checkbox"/> Ground | <input type="checkbox"/> Pureed |
| Indicate Thickness of Liquids: | <input type="checkbox"/> Regular | <input type="checkbox"/> Nectar | <input type="checkbox"/> Honey | <input type="checkbox"/> Pudding |

Special Feeding Equipment: _____

Additional Comments: _____

Signature of Licensed Health Professional (LHP)

Date of Signature

Print Name of Licensed Health Professional (LHP)

Telephone Number

THIS PORTION TO BE COMPLETED BY THE PARENT/GUARDIAN

I hereby give my permission for the school staff to follow the above stated nutrition plan.

Signatures of both Parents/Custodial Parent/Guardian

Date of Signature

| | |
|--|--|
| | |
| | |

Telephone Numbers

Mother/Guardian: (H) _____ (W) _____ (C) _____

Father/Guardian: (H) _____ (W) _____ (C) _____