MEDICAL STATEMENT FOR STUDENTS WITH SPECIAL DIETARY ACCOMMODATIONS

Requesting Dietary Accommodations in the U.S. Department of Agriculture (USDA) Child Nutrition Programs (National School Lunch Program, School Breakfast Program, Afterschool Snack Program, Summer Food Service Program)

PART 1 TO BE COMPLETED BY PARENT/GUARDIAN. *PLEASE PRINT*.

Child's Name: Birth Date: _____

School Attended by Student:_____Grade:_____Student ID#: _____

Parent/Guardian Name: _____

Work Phone:_____Home Phone:_____Email: _____

Parent/Guardian Signature: _____

PART 2 TO BE COMPLETED BY STATE LICENSED HEALTHCARE PROFESSIONAL*

**For purposes of Child Nutrition Programs, only a "Licensed Healthcare Professional" is permitted to complete and sign a medical statement for meal accommodations in the Child Nutrition Programs. The seven medical professionals listed are permitted to complete and sign a medical statement for meal accommodations in the Child Nutrition Programs administered in Arizona. (HNS# 11-2015). Dentists, Homeopathic Physicians, Naturopathic Physicians, Nurse Practitioners, Osteopathic Physicians, Physician Assistants, and Physicians.*

A. List foods/ingredients to be omitted from the diet.

B. Provide a brief explanation of how exposure to the food affects the child.

C. List foods/ingredients that can be substituted into the diet to accommodate the dietary restriction.

This medical statement is:_____Permanent *(This medical statement will remain in effect during the time the student is enrolled. A new medical statement will be required to change any aspect of information provided in this medical statement.)*

This medical statement is:_____Temporary *(This medical statement will remain in effect for the current school year. A new medical statement will be required annually.)*

Licensed Healthcare Professional Name:_____Office Phone Number: _____

Licensed Healthcare Professional Signature:_____Date:_____

Return the completed form to your school's Health Office.

For questions, contact Nutrition Department by calling 623-876-7075 or email allyson.steiner@dysart.org