

Medical Statement Sample Form

(To Provide Information for a School to Make an Appropriate Meal Accommodation)

This form may be (1) used by a licensed medical authority to provide a medical statement for a student's medical disability or a special dietary need that warrants a meal accommodation or (2) used to assist a licensed medical authority in creating the medical statement necessary for a meal accommodation. If this form is used as a medical statement, the form must be completed by the medical authority and signed by both the parent and the medical authority. The reverse side of this form provides additional information on the regulations related to school meal accommodations.

I. Provide the following information about the student.

Student Name: Date:

Student Birthdate: Student's Grade Level:

Does the student have a medical disability which affects one of the major life functions which necessitates a meal accommodation? Yes No

Does the student have a special dietary need that will be helped by a meal accommodation? Yes No

II. How does this medical disability or special dietary need impact the student's diet?

III. What meal accommodation(s) are appropriate to address the student's medical disability or special dietary needs? Please check the box before applicable meal accommodations and provide a detailed explanation for each checked accommodation in the box beside the description.

- Food items or ingredients not to be served
- Suggested substitutions for food items not served
- Specific information on portion sizes for food items
- Specific description of texture modifications for specific food types or items
- Special utensils
- Other

IV. Provide the following signatures.

Parent Signature _____ Date _____

Medical Authority Signature _____

Return the completed form to Food Services At email: Nutrition@legacytraditional.org

For questions, contact Nutrition Coordinator by Phone: 1-480-909-4477

This institution is an equal opportunity provider.