

Medical Statement for Student *Without* a Disability

Requesting Special Foods in Child Nutrition Programs

Student's Name: _____ Age: _____ Grade: _____

Name of parent/guardian: _____ Phone Number: _____

Description of child's medical or other special dietary needs that restrict the child's diet:

Foods to Omit:

Foods to Substitute:

Other information regarding diet or feeding: (provide additional information below or on back of form or attach to this form).

Signature of Medical Authority

Office Phone Number: _____ Date: _____