

Student Name: _____ Date of Birth ____/____/____



Parent Request for School Meal Accommodation and Physician's Prescription for Food Allergy

Student Name: _____ Student ID Number: _____ Date: ____/____/____

USDA regulations 7 CFR Part 15b require substitutions or modifications in school meals for children whose disabilities (including allergic reactions) restrict their diets. A child with a disability will be provided substitutions in foods when supported by a statement signed by a licensed physician. The statement must identify: the child's disability, an explanation of why the disability restricts the child's diet, the major life activity affected by the disability, and the food(s) that must be omitted and/or substituted from the child's diet. Accommodations will be initiated upon receipt of physician directions on this modified school lunch form.

Signing below consents to communication between school health professionals and the physician regarding the student listed above.

Signature of Parent/Guardian _____ Phone Number(s) _____

MEDICAL DIAGNOSIS: _____

LENGTH OF DIETARY RESTRICTION:

- Temporary until _____
- Life Long

WEIGHT REDUCTION DIET

- Calorie Restriction: _____ calories/meal
- Substitute Fruit for any Dessert
- Skim Milk Only

WEIGHT INCREASE DIET

- Calorie Goal: _____ calories/meal
- High Protein: _____ g Protein/meal
- High CHO Diet: _____ g CHO/meal

DIABETIC DIET

- _____ grams CHO at Breakfast
- _____ grams CHO at Lunch
- _____ grams CHO at Snack
- No restriction

RENAL DIET

- _____ gram Sodium restriction
- _____ gram Potassium restriction
- _____ gram Phosphorus restriction
- _____ gram Protein allowed

CARDIAC DIET

- _____ gram Sodium restriction
- _____ gram Fat restriction
- Other: _____

TEXTURE MODIFICATION

- Chopped or Bite sized foods
- Pureed
- Thickened Liquid to _____ Consistency.
(use _____ teaspoon(s) of thickener per oz liquid)

OTHER NEEDS

- Fiber Additives (provided by parent)
- MCT Oil or Other Caloric Enhancer (provided by parent)
- Meal replacements (prescription including formula, dosage and time must be provided)

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1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

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