

Child Nutrition Programs
PHYSICIAN STATEMENT FOR FOOD SUBSTITUTION

| | | |
|----------------------|---|------|
| CHILD'S NAME | AGE | DATE |
| SCHOOL/FACILITY NAME | ADDRESS (Street, City, State, Zip Code) | |

Parent/Guardian:

This school/facility participates in a federally-funded Child Nutrition Program and any meals, milk, and snacks served must meet program requirements. Reasonable food accommodations must be made when the accommodation requested is due to a disability and supported by a physician's statement. Reasonable food accommodations may be made for children without disabilities who may still have special dietary needs; a medical statement may be required. If you are requesting a meal accommodation or substitution, please ask your physician to complete and sign this form. If you have any questions, please contact _____
at _____ Name
Telephone (Include Area Code)

PHYSICIAN STATEMENT

1. Does child have a disability according to 7 CFR Part 15d that requires food accommodation? *(Does he/she have a "physical or mental impairment which substantially limits one or more major life activities"?)*
 No **If no, go to item 2 below.**
 Yes **If yes, provide the following information and complete items 3, 4, and 5 below.**
 - a. What is the disability? _____
 - b. What major life activity is affected? _____
 - c. How does the disability restrict the diet? _____

2. Child has no disability but requires a special diet. Identify medical problem which restricts the child's diet and complete items 3, 4, and 5 below.

3. List food/type of food to be omitted. For the safety of the child, please be as specific as possible. A menu may also be developed and attached.

4. List food/type of food to be substituted. For the safety of the child, please be as specific as possible. A menu may also be developed and attached.

5. _____

Date
Signature of Physician

FOR OFFICE USE ONLY:

| |
|---|
| <input type="checkbox"/> Form received on _____. |
| <input type="checkbox"/> Form incomplete. Parent contacted on _____. |
| <input type="checkbox"/> Form complete. Accommodation will not be made. <input type="checkbox"/> Child does not have a disability <input type="checkbox"/> Request not reasonable |
| <input type="checkbox"/> Form complete. Accommodations will begin on _____. |
| <div style="display: flex; justify-content: space-between; width: 100%;"> _____ _____ </div> <div style="display: flex; justify-content: space-between; width: 100%;"> <i>Date</i> <i>Signature of Food Service Director/Contact</i> </div> |