MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS

1. School	2. Site Name	3. Site Phone Number	
4. Name of Child		5. Age of Child	
6. Name of Parent or Guardian		7. Phone Number	
8. Description of Child's Physical or Mental Impairment Affected: 9. Explanation of Diet Prescription and/or Accommodation to Ensure Proper Implementation:			
10. Indicate Food Texture for Above Child: Regular Chopped Ground Pureed 11. Foods to be Omitted and Appropriate Substitutions:			
Foods To Be Omitted	Suggested	Suggested Substitutions	
12. Adaptive Equipment to be Used:			
13. Signature of State Licensed Healthcare Professional*	14. Printed Name	15. Phone Number 16. Date	

*For this purpose, a state licensed healthcare professional in California is a licensed physician, a physician assistant, or a nurse practitioner.

The information on this form should be updated to reflect the current medical and/or nutritional needs of the participant.

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