MEDICAL STATEMENT FOR STUDENT REQUIRING MEAL MODIFICATION

Name of Student	Date of Birth
Food Aller-Gee	1-1-2000
Name of Parent/Guardian	Parent/Guardian Contact Phone
Mama Aller-Gee	555 - 2154
Local Education Agency	School Attending
Parkway School Dist.	Parkway West
	ian (M.D. or D.O.), Physician's Assistant, Assistant Physician
Identify the child's physical or mental impairment requiring the student to have a modified diet.	and how it restricts the child's diet, including allergies,
Gluten Allergy 2) milk	n niungy 3) Blueberry
(Celiac Disease) protein	n' nilengy
(course by serie)	
Explanation of what must be done to accommodate	te the child.
Avoid foods (ontaining gluten in	cluding: wheat, barley, kye
Avoid foods containing milk and n	nilk proteins: whey & casein
troid foods containing bueber	ny .
Omitted Foods Listed Below	Substitute Foods Listed Below
milk: All dains	1) Gluten Free Errain options
Wheat 2) foods containing milk: All dainy Rye Some breads & meats	2) soymilk, dairy-free cheese
P. I. P.	To south it is, county in the contest.
Rye meats	0
	AN (E
3) blue betwees Medical Authority Printed Name	
3) blue bepares	3) NA
3) blue bepares	3) NA
3) blue betwees Medical Authority Printed Name	3) NA Title
3) blue betwees Medical Authority Printed Name	3) NA Title Telephone Number Date
Medical Authority Printed Name Medical Authority Signature Parent/Guardian Permission: To be completed I give permission for school personnel responsible for implement accommodations with any appropriate school staff and to follow	Title Telephone Number Date I by a parent/guardian Inting my child's prescribed diet order to discuss my child's special dietary by the prescribed diet order for my child's school meals. I also give permission for
3) blueblustes Medical Authority Printed Name Medical Authority Signature Parent/Guardian Permission: To be completed I give permission for school personnel responsible for implement	Title Telephone Number Date I by a parent/guardian Inting my child's prescribed diet order to discuss my child's special dietary by the prescribed diet order for my child's school meals. I also give permission for

Please be as specific as possible!

Revised 8/17