

Medical Statement for Student **Without** a Disability

Requesting Special Foods in Child Nutrition Programs

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

Name of parent/guardian: _____ Phone #: _____

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: _____

In accordance with Federal law and U. S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.