

Instructions

1. School : Print the name of the school that is providing the form to the parent/guardian.
2. Site: Print the name of the site where meals will be served.
3. Site Phone Number : Print the phone number of site where meal will be served.
4. Name of Child : Print the name of the child to whom the information pertains.
5. Age of Child : Print the age of the child. For infants, please use date of birth.
6. Name of Parent/Guardian: Print the name of the person requesting the child's medical statement.
7. Phone Number: Print the phone number of parent/guardian.
8. Description of Child's Physical or Mental Impairment Affected: Describe how the physical or mental impairment restricts the child's diet.
9. Explanation of Diet Prescription and/or Accommodation: Describe a specific diet or accommodation that has been prescribed by the state licensed healthcare professional.
10. Indicate Texture: If the child does not need any modification, check "Regular".
11. Adaptive Equipment to be Used: Describe specific equipment required to assist the child with dining (e.g., sippy cup, large handled spoon, wheelchair accessible furniture, etc.).
12. Foods to be Omitted : List specific foods that must be omitted.
Suggested Substitutions: List specific foods to include in the diet.
13. Signature of State Licensed Healthcare Professional : Signature of state licensed healthcare professional requesting the special meal or accommodation.
14. Printed Name: Print name of state licensed healthcare professional.
15. Phone Number: Phone number of state licensed healthcare professional.
16. Date: Date state licensed healthcare professional signed the form.

USDA Nondiscrimination Statement

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