

MEDICAL STATEMENT FOR STUDENTS WITH SPECIAL DIETARY ACCOMMODATIONS

Requesting Dietary Accommodations in the U.S. Department of Agriculture (USDA) Child Nutrition Programs (National School Lunch Program, School Breakfast Program)

PART 1 TO BE COMPLETED BY PARENT/GUARDIAN. PLEASE PRINT.

Child's Name: _____ Birth Date: _____

School Attended by Student: _____ Grade: _____ Student ID#: _____

Parent/Guardian Name: _____

Work Phone: _____ Home Phone: _____ Email: _____

Parent/Guardian Signature: _____

PART 2 TO BE COMPLETED BY STATE LICENSED HEALTHCARE PROFESSIONAL *

**For purposes of Child Nutrition Programs, only a "Licensed Healthcare Professional" is permitted to complete and sign a medical statement for meal accommodations in the Child Nutrition Programs. The seven medical professionals listed are permitted to complete and sign a medical statement for meal accommodations in the Child Nutrition Programs administered in Arizona. (HNS# 11-2015). Dentists, Homeopathic Physicians, Naturopathic Physicians, Nurse Practitioners, Osteopathic Physicians, Physician Assistants, and Physicians.*

A. List foods/ingredients to be omitted from the diet.

B. Provide a brief explanation of how exposure to the food affects the child.

C. List foods/ingredients that can be substituted into the diet to accommodate the dietary restriction.

This medical statement is: _____ Permanent *(This medical statement will remain in effect during the time the student is enrolled. A new medical statement will be required to change any aspect of information provided in this medical statement.)*

This medical statement is: _____ Temporary *(This medical statement will remain in effect for the current school year. A new medical statement will be required annually.)*

Licensed Healthcare Professional Name: _____ Office Phone Number: _____

Licensed Healthcare Professional Signature: _____ Date: _____

Please fax the completed form to J. O. Combs Food and Nutrition Department at 480-987-3487 or email to pnarducci@jocombs.org

For questions, contact Patty Narducci, MS, RDN at 480.987.5312 or pnarducci@jocombs.org.