

# ATHENS CITY SCHOOLS

Department of School Nutrition

Child Nutrition Programs

## MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS

1. School Name		2. School Name		3. School Telephone Number	
4. Name of Participant				5. Age or Date of Birth	
6. Name of Parent or Guardian				7. Telephone Number	
8. Medical condition requiring a special meal or accommodation:					
9. Diet prescription and/or accommodation: <i>(Please describe in detail to ensure proper implementation-use extra pages as needed)</i>					
10. Indicate texture (if appropriate): <input type="checkbox"/> Regular <input type="checkbox"/> Chopped <input type="checkbox"/> Ground <input type="checkbox"/> Pureed					
11. Foods to be omitted and substitutions: <i>(Please list specific foods to be omitted and suggested substitutions. You may attach a sheet with additional information as needed)</i>					
A. Foods To Be Omitted			B. Suggested Substitutions		
_____			_____		
_____			_____		
_____			_____		
_____			_____		
12. Adaptive Equipment:					
13. Signature of Medical Authority*		14. Printed Name		15. Telephone Number	16. Date

**NOTE: A licensed MD, DO, podiatrist, dentist, optometrist, veterinarian, physician's assistant, or nurse practitioner must sign the form.**

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

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## INSTRUCTIONS

1. **School:** Print the name of the school that is providing the form to the parent.
2. **Site:** Print the name of the school where meals will be served.
3. **Site Telephone Number:** Print the telephone number of site where meal will be served. See #2.
4. **Name of Participant:** Print the name of the child or adult participant to whom the information pertains.
5. **Age of Participant:** Print the age of the participant. For infants, please use date of birth.
6. **Name of Parent or Guardian:** Print the name of the person requesting the participant's medical statement.
7. **Telephone Number:** Print the telephone number of parent or guardian.
8. **Medical Condition Requiring a Special Meal or Accommodation:** Describe the medical condition that requires a special meal or accommodation (e.g., juvenile diabetes, allergy to peanuts, etc.).
9. **Diet Prescription and/or Accommodation:** Describe a specific diet or accommodation that has been prescribed by a physician, or describe diet modification requested: (e.g., All foods must be either in liquid or pureed form. Participant cannot consume any solid foods).
10. **Indicate Texture (if appropriate):** Check (✓) a box to indicate the type of texture of food that is required. If the participant does not need any modification, check "Regular".
11. **A. Foods to Be Omitted:** List specific foods that must be omitted (e.g., exclude fluid milk).  
**B. Suggested Substitutions:** List specific foods to include in the diet (e.g., calcium-fortified juice).
12. **Adaptive Equipment:** Describe specific equipment required to assist the participant with dining (e.g., sippy cup, large handled spoon, wheel-chair accessible furniture, etc.).
13. **Signature of Medical Authority:** Signature of medical authority requesting the special meal or accommodation (MD, DO, podiatrist, dentist, optometrist, veterinarian, physician's assistant or nurse practitioner).
14. **Printed Name:** Print name of medical authority.
15. **Telephone Number:** Telephone number of medical authority.
16. **Date:** Date medical authority signed form.