



Brookland Campus
 1404 Jackson Street, NE
 Washington, DC 20017
 202-459-4710

16th Street Campus
 5413 16th Street NW
 Washington, DC 20011
 202-506-3620

MEDICAL STATEMENT TO REQUEST DIETARY ACCOMMODATIONS SY 2019 - 2020

Name of Student		Student Date of Birth	
Name of Parent or Guardian		Parent Email	Parent Phone Number
Check one: <input type="checkbox"/> Student has food anaphylaxis (life-threatening food allergy). Parent must submit the Universal Health Form . <input type="checkbox"/> Student does not have food anaphylaxis (life-threatening food allergy) but is requesting a special meal or accommodation due to food intolerance(s) or other medical reasons. Food preferences are not an appropriate use of this form. Schools and agencies participating in federal nutrition programs are encouraged to accommodate reasonable requests. A licensed physician, physician's assistant, or nurse practitioner must sign this form.			
List Food Intolerance: <div style="text-align: center;">List Significant Food Allergies</div> <div style="display: flex; justify-content: space-between;"> <hr style="width: 45%;"/> <hr style="width: 45%;"/> </div> <div style="display: flex; justify-content: space-between;"> <hr style="width: 45%;"/> <hr style="width: 45%;"/> </div> <div style="display: flex; justify-content: space-between;"> <hr style="width: 45%;"/> <hr style="width: 45%;"/> </div>			
*Signature of Licensed Healthcare Practitioner		Printed Name	Phone Number
			Date

***For this purpose, a licensed healthcare practitioner is a licensed physician, a physician assistant, or a nurse practitioner.**

The information on this form should be updated yearly to reflect the current nutritional needs of the student.

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“Invest in the human soul. Who knows, it might be a diamond in the rough”

- Mary McLeod Bethune