

MEDICAL STATEMENT

REQUESTING SPECIAL FOODS IN CHILD NURTITION PROGRAMS

Part I (To be filled out by Parent/Guardian)

Name of Student _____ Age _____

Name of Parent/Guardian _____ Phone _____

School Greater Jasper Consolidated Schools Teacher _____

Part II (To be filled out by Physician)

Diagnosis (Include description of the patient's medical or other special dietary needs that restrict the child's diet).

List food(s) to be omitted from diet:

List food(s) that may be substituted (Diet Plan):

Additional Information:

Date

Signature of Physician