Alachua County Public Schools

Food and Nutrition Services
Medical Statement to Request Special Meals and/or Accommodations

SECTION A: TO BE COMPLETED BY PARENT/GUARDIAN (Please sign at item #18 on second page)

1. School Name	2. School Telephone Number
3. Student Name	4. Age/Date of Birth
5. Parent/Guardian Name	6. Telephone Number

7. Does your student typically eat school provided meals? ☐ Yes ☐ No

8. If yes, which school provided meals will your child eat?
☐ Breakfast ☐ Lunch ☐ Afterschool

9. Which days will your child most likely eat school provided meals?
☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

SECTION B: TO BE COMPLETED BY A STATE-LICENSED HEALTHCARE PROFESSIONAL (Medical Doctor (MD), Doctors of Osteopathy (DO), Physical Assistant (PA) or Advanced Registered Nurse Practitioner (ARPN): (Please sign at item #20 on second page)

10. Does the student have food allergies? ☐ Yes ☐ No

11. If yes, please select the foods to be excluded from the student's diet:

Eggs:
☐ Eggs - All
☐ Whole - May have small amounts cooked in foods

Wheat:
☐ All wheat
☐ Other (please specify): _____

Peanuts:
☐ All peanuts
☐ Other: _____

Milk:
☐ Dairy proteins (**not** lactose intolerant. ALL dairy protein containing foods are restricted)
☐ Fluid Milk
☐ Cheese
☐ Yogurt
☐ Ice Cream

Tree Nuts:
☐ All tree nuts
☐ Other: _____

(Section B continues on the next page)

Shellfish:
☐ All shellfish
☐ Other: _____

Sesame:
☐ All sesame
☐ Other: _____

Soy:
☐ All soy
☐ All Soy, except soybean oil

Fish:
☐ All fish
☐ Other: _____

12. Other food allergies and/or intolerances:

_____

13. Suggested substitutions:

_____

14. Does the student have other conditions that restrict the diet? Select all that apply:
☐ Celiac disease and/or gluten intolerance
☐ EOE (eosinophilic esophagitis)
☐ Eczema/skin issues
☐ Other - **Specify diagnosis:**

_____

15. Specific foods to be avoided:

_____

16. Suggested substitutions:

_____

17. Diet prescription and/or accommodation: (e.g., all foods must be either in texture modified based on the IDDSI)
FOOD: ☐ Regular (7) ☐ Easy to Chew (7) ☐Soft & Bite-Sized (6) ☐ Minced and Moist (5) ☐ Pureed (4) ☐Liquidized (3)
LIQUIDS: ☐ Thin (0) ☐Slightly Thick (1) ☐Mildly Thick (2) ☐ Moderately Thick (3) ☐Extremely Thick (4)
Recommended Thickener: _____

SECTION C: SIGNATURES

18. Parent or Guardian Signature	19. Date
20. Medical Authority Signature	21. Printed Name
22. Telephone Number	23. Date

INTERNAL USE ONLY

Date received by School:	Date Placed in Student Health Record:	Date Copy Given to Food Service:
Recipients Signature:	Filer's Signature:	Recipients Signature:

Medical Statement to Request Special Meals and/or Accommodations Instructions

1. School Name: Print the name of the school that is providing the form to the parent or guardian.
2. School Telephone Number: Print the telephone number of the school.
3. Student Name: Print the name of the student to whom the information pertains.
4. Age or Date of Birth: Print the age of the student. For infants, please use date of birth.
5. Parent or Guardian Name: Print the name of the person requesting the student's medical statement.
6. Telephone Number: Print the telephone number of the parent or guardian.
7. Indicate if the student typically eats school provided meals.
8. Check One: Check (✔) a box to indicate which school provided meals will the student eat.
9. Check One: Check (✔) a box to indicate which days the student will most likely eat school provided meals.
10. Check One: Check (✔) a box to indicate whether the student has food allergy or does not have a food allergy.
11. Check (✔) all applicable boxes corresponding to foods to be excluded from the student's diet. If none apply, skip this question.
12. Indicate if the student has other food allergies and/or intolerances
13. List specific substitute foods to include in the diet (e.g., lactose-free milk).
14. Check (✔) all applicable boxes corresponding to other conditions that restrict the diet. If the student does not have other conditions that restrict the diet, skip this question.
15. List specific foods that must be omitted (e.g., exclude fluid milk). If specific foods do not need to be omitted, skip this question.
16. List specific substitute foods to include in the diet (e.g., lactose-free milk).
17. Diet Prescription and/or Accommodation: Describe a specific diet or accommodation that has been prescribed by a physician, or describe a diet modification requested for a non-disabling condition (e.g., all foods must be either in liquid or pureed form; student cannot eat solid foods). Texture and liquid modifications should align with IDDSI (https://iddsi.org/Framework) recommendations.
18. Parent or Guardian Signature: Signature of person requesting the student's medical statement.
19. Date: Print the date the parent or guardian signed the document.
20. Medical Authority Signature: Signature of the medical authority requesting a special meal or accommodation.
21. Printed Name: Print the name of the Medical Authority requesting a special meal or accommodation.
22. Telephone Number: Telephone number of the Medical Authority requesting a special meal or accommodation.
23. Date: Print the date the Medical Authority signed the document.