To: Attending Physician
From: Brenda Robinson, Director – robinsonb@bcasd.com
Nutrition Services Department
Debbie Wood, Coordinator – woodd@bcasd.com
School Health and Neighborhood Support Programs

Subject: Medical Statement to Request Special Meals and/or Accommodations
Special Dietary Needs for Student

Attached you will find a Medical Statement form pertaining to special dietary needs. In order to comply with USDA government regulations in accommodating a student’s needs, we must have legal documentation identifying those needs from an attending medical authority on file in our Nutrition Services Department. A medical authority must indicate by checking the appropriate box if the child has a disability or medical condition.

** If the allergy is peanuts/nut products, indicate if the child is affected by ingestion, inhalation, skin absorption or any combination.

Please complete the form and fax a copy to:
BAKERSFIELD CITY SCHOOL DISTRICT
Nutrition Services Department
(661) 322-8580

Or mail a copy to:
BAKERSFIELD CITY SCHOOL DISTRICT
Nutrition Services Department
1300 Baker Street
Bakersfield, CA 93305

Please note: the Medical Statement does not become an official document until signed by the correct, appropriate, medical party: a licensed Physician, Physician’s Assistant, or Nurse Practitioner only. A RN (Registered Nurse) cannot sign this form as the recognized medical authority. Forms are valid for one year from the date signed and must be updated yearly. If this form is not updated yearly we will not be able to accommodate the child’s special dietary needs.

Thank you for your assistance in this matter.