

BAKERSFIELD CITY SCHOOL DISTRICT



Nutrition Services Dept.
1300 Baker Street
Bakersfield, CA 93305-4326
(661) 631-4733

EDUCATION CENTER, 1300 BAKER STREET
BAKERSFIELD, CALIFORNIA 93305-4326
(661) 631-4733
FAX: (661) 322-8580

Brenda Robinson
Director

To: Attending Physician **2016-2017 School Year**

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.