

School-Based Child Nutrition Program
PHYSICIAN STATEMENT FOR MEAL ACCOMMODATIONS

CHILD'S NAME	AGE	DATE	
SCHOOL NAME			ADDRESS (Street, City, State, Zip Code)

Dear Parent/Guardian:

This school participates in a federally-funded School-Based Child Nutrition Program and any meals, milk, and snack served must meet program requirements. Reasonable meal accommodations must be made when the accommodation request is due to a disability and supported by a physician's statement. Reasonable meal accommodations may be made for children without disabilities who may still have special dietary needs; a medical statement may be required. If you are requesting a meal accommodation or substitution, please ask your physician to complete and sign this form. If you have any questions, please contact Michele Hepner, Food Service Director at 309-945-0413.

PHYSICIAN STATEMENT

1. Is this accommodation being requested on the basis of a:

- Preference
- Mental or Physical impairment or disability according to ADA Amendments of 2008?

List the impairment or disability: _____

2. How does the disability restrict the diet?

3. What accommodations are being requested? For the safety of the child and because most school/child care centers do not have access to a registered dietician, please be as specific as possible. Attach additional sheet if needed.

- Timing of meal service: _____

- Alteration of meal preparation method: _____

- Variations from meal pattern (Must include foods to be omitted as well as foods to be substituted; you may attach a menu). _____

4. _____
Date Signature of Physician Printed Name

5. _____
Date Signature of Parent/Guardian Printed Name

FOR SCHOOL USE ONLY:

- Form received on _____
- Form complete. Parent contacted on _____
- Form complete. Accommodations will not be made. Child does not have a disability Request not reasonable

6/19 Date Signature of Food Service Director/Contact Printed Name