

**Child Nutrition Programs
PHYSICIAN STATEMENT FOR FOOD SUBSTITUTION**

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

Parent/Guardian:

This school/facility participates in a federally-funded Child Nutrition Program and any meals, milk, and snacks served must meet program requirements. Reasonable food accommodations must be made when the accommodation requested is due to a disability and supported by a physician's statement. Reasonable food 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 Ambria Hays, RN, at (618) 432-5200 Ambria Hays, RN,
Name
Telephone (Include Area Code)

PHYSICIAN STATEMENT

- Does child have a disability according to 7 CFR Part 15d that requires food accommodation? (Does he/she have a "physical or mental impairment which substantially limits one or more major life activities"?)
 - No If no, go to item 2 below.
 - Yes If yes, provide the following information and complete items 3, 4, and 5 below.
 - What is the disability? _____
 - What major life activity is affected? _____
 - How does the disability restrict the diet? _____
- Child has no disability but requires a special diet. Identify medical problem which restricts the child's diet and complete items 3, 4, and 5 below.
- List food/type of food to be omitted. For the safety of the child, please be as specific as possible. A menu may also be developed and attached.
- List food/type of food to be substituted. For the safety of the child, please be as specific as possible. A menu may also be developed and attached.
- _____ Date _____ Signature of Physician _____

FOR OFFICE USE ONLY:	
<input type="checkbox"/> Form received on _____	
<input type="checkbox"/> Form incomplete. Parent contacted on _____	
<input type="checkbox"/> Form complete. Accommodation will not be made.	<input type="checkbox"/> Child does not have a disability <input type="checkbox"/> Request not reasonable
<input type="checkbox"/> Form complete. Accommodations will begin on _____	
_____ Date _____	_____ Signature of Food Service Director/Contact _____