

Insert Sponsor Name

**Child Nutrition Programs
PHYSICIAN STATEMENT FOR MEAL ACCOMMODATIONS**

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 meal accommodations must be made when the accommodation requested 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 _____
at _____ *Telephone (Include Area Code)* _____ *Name*

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 this physical or mental impairment restrict the child's 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: _____

 Variation 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/FACILITY 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 _____.		
_____	_____	_____
<i>Date</i>	<i>Signature of Food Service Director/Contact</i>	<i>Printed Name</i>