

MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS

1. School or Agency	2. Site Name	3. Site Phone Number
4. Name of Child or Participant		5. Age or Date of Birth
6. Name of Parent or Guardian		7. Phone Number
8. Description of Child or Participant's Physical or Mental Impairment Affected: 		
9. Explanation of Diet Prescription and/or Accommodation to Ensure Proper Implementation: 		

10. Indicate Food Texture for Above Child or Participant:

