



Please email forms to lkunick@maschiofood.com
or fax to (908) 888 2335

Medical Statement: Request for Special Meals and Milk Substitutions

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|--|---|
| To Be Completed by Parent/Guardian. <i>Please Print Clearly.</i> Required | |
| School District or School Name: | School Site: Grade: Teacher: |
| Student Name: Preferred Name (if applicable): | <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Female <input type="checkbox"/> Choose not to disclose |
| Name of Parent/Guardian: | Phone Number: Email: |

Signature of Parent / Guardian: _____

The following sections below must be completed by a **licensed medical professional**. *Please Print.*

OR

If updated yearly medical documentation is already on file check here and attach documentation.

(No Need to Fill Out the Below Information on Pages 1 and 2 if documentation is on file)

Requesting Accommodation For:

- Life threatening** (anaphylactic) food allergy
- Non-life threatening** food allergy
- Celiac Disease or Gluten Intolerance
- Lactose Intolerance and is requesting a milk substitution (**not for milk allergy**)
Choice of: Soy Milk Lactaid
 ***Note:** Per USDA guidelines, we cannot substitute water for milk
- Chewing/swallowing disorder and is requesting texture modification
- Student has diabetes and has a diet order for carbohydrate allowance
 Breakfast_____ (grams) Lunch_____ (grams) Snack_____ (grams)
 (Please attach a copy of the diet order)
- Student has a special dietary need not listed above (**please explain below**)

State disability or medical condition requiring special meal, accommodation or fluid milk substitution (i.e. life-threatening food allergy to peanuts):

Please provide a description of major life activities affected:

Diet prescription or accommodation: (Please describe in detail for appropriate implementation. Attach another sheet if needed):

The following section must be completed by a **licensed medical professional**. *Please Print.*

| Foods to be Omitted: | Foods to Substitute: |
|----------------------|----------------------|
| | |
| | |

Texture Modification

To receive texture modification, a signed diet prescription must be attached.
Please indicate modification type and list all foods that require modifications.

A' la carte Snacks and Outside Pizza: * *We recommend that students with life-threatening food allergies avoid purchasing snack items or outside pizza as these are more likely to come into contact with allergens during manufacturing or preparation.*

- We are allowing our child to purchase or receive outside pizza in the cafeteria
- We are allowing our child to purchase any snack item sold in the cafeteria
- We are allowing our child to purchase or receive **BOTH** outside pizza and snack item sold in the cafeteria
- We are **NOT** allowing our child to purchase or receive any snack item sold in the cafeteria
- We are allowing our child to purchase the following snack items sold in the cafeteria:
(List Below)

| | |
|--|----------------------|
| Signature of Licensed Medical Professional and Credentials (Required) | Printed Name: |
| Phone Number: | Date: |
| Parent/Guardian Signature (Required) | Printed Name: |
| Phone Number: | Date: |

For Food and Nutrition Services Use Only

- Approves Request
- More Information Needed

Notes: