SPECIAL DIETARY NEEDS MEDICAL STATEMENT

Student's Name _____ DOB _____

School _____ County _____ WVEIS# _____

Does this patient have a disability that affects her/his diet? ☐ Yes ☐ No

Diagnosis _____

Does this patient have a non-disabling medical condition that affects her/his diet? ☐ Yes ☐ No

Diagnosis _____

Did you refer this patient's family to receive diet education? ☐ Yes ☐ No

If Yes, to whom? ☐ MD ☐ RN ☐ RD ☐ CDE

Name _____ Phone _____

Diet information sent to:

☐ School Nurse ☐ School Cook ☐ Child Nutrition Director ☐ Principal ☐ Other

PLEASE MARK ONLY THE AREAS THAT APPLY

Schools or sites may make substitutions for individuals with a non-disabling medical condition who are unable to consume the regular meal because of medical or other special dietary needs.

☐ FOOD ALLERGIES

_____

_____

_____

☐ SUBSTITUTIONS MUST BE LISTED

_____

_____

_____

☐ SODIUM RESTRICTION (Specify Milligrams) _____

☐ CARBOHYDRATES COUNTING (Specify Grams)

Breakfast _____ Lunch _____

☐ OTHER RESTRICTIONS

_____

_____

_____

☐ CALORIC REQUIREMENTS: please indicate the calories for each meal provided at school.

Daily Total	Breakfast	Lunch	Snack
1,200	_____	_____	_____
1,500	_____	_____	_____
1,800	_____	_____	_____
2,000	_____	_____	_____

☐ TEXTURE CONSISTENCIES: for swallowing or chewing difficulties.

SOLIDS

☐ Regular Chopped

☐ Mechanical soft with ground meat

☐ Mechanical soft with chopped meat

☐ Pureed

LIQUIDS

☐ Regular Consistency

☐ Honey Consistency

☐ Nectar Consistency

☐ Pudding Consistency

☐ NUTRITIONAL SUPPLEMENTS TO BE PROVIDED AT SCHOOL OR SITE: (for Breakfast & Lunch only)

Oral Feedings/Tube Feedings _____

Specify amount & frequency of feeding _____

Additional Comments _____

DISABILITY

If an individual with a disability requires a special diet, the United States Department of Agriculture requires a medical statement form completed and signed by a licensed physician; medical doctor (MD) or doctor of osteopathic medicine (DO). An updated medical statement must be provided annually or when any change is prescribed.

NON-DISABLED MEDICAL CONDITION

If an individual has a medical condition requiring a special diet and is medically certified, the school food service may make substitutions to the regular diet on a case-by-case basis. A medical statement is required and must be completed by a medical doctor (MD), doctor of osteopathic medicine (DO), physician's assistant (PA), or nurse practitioner (ANP) and include substitutions to the regular menu. An updated medical statement must be provided annually or when any change is prescribed.

Provider Name & Title (print)	Parent/Guardian Name (print)
Signature, Credentials Date	Signature Date
Provider Phone	Parent/Guardian Phone