

Medical Statement for Students Requiring Special Meals

get schooled in
ANAPHYLAXIS[™]

Name of Student:

Birth Date:

School Attended:

Parent/Guardian Name:

School District:

Telephone Number:

1. Identify the disability, or medical condition (diagnosis) that requires a special diet/meal or accommodation?

2. How does the disability restrict the diet?

3. What major life activity is affected?

4. Diet Prescription:

5. List food/type of food to be omitted. A specific list/menu may also be included for the safety of the child:

6. List food/type of food to be substituted. A specific list/menu may also be included for the safety of the child:

7. Additional Comments/Concerns:

8. I certify that the above named student needs special school meals as described above, due to student's disability or chronic medical condition.

Date:

Physician Name:

Phone Number:

Physician Signature:

Adapted, with permission, from content in the St. Louis Children's Hospital, FAME: Food Allergy Management and Education Manual <http://www.stlouischildrens.org/FAME>