

**School-Based Child Nutrition Programs
PHYSICIAN STATEMENT FOR FOOD SUBSTITUTION**

CHILD'S NAME	AGE	DATE
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Dear Parent/Guardian:

Metamora Grade School participates in a federally-funded School-Based Child Nutrition Program and must serve meals and/or milk meeting program requirements. Reasonable food accommodations must be made when the accommodation being requested is due to a disability and supported by a physician's statement. Reasonable food 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.

Metamora Grade School

Superintendent, Marty Payne
815 E Chatham

Metamora IL 61548

309-367-2361 phone

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<http://mgs.metamora.k12.il.us/>

PHYSICIAN STATEMENT

1. Does child have a disability according to 7 CFR Part 15b that requires food accommodation? (*Does he/she have a "physical or mental impairment which substantially limits one or more major life activities"?*)

No **If no, go to item 2 below.**

Yes **If yes, provide the following information and complete items 3, 4, and 5 below.**

a. What is the disability? _____

b. What major life activity is affected? _____

c. How does the disability restrict the diet? _____

2. Child has no disability but requires a special diet. Identify medical problem which restricts the child's diet and complete items 3, 4, and 5 below.

3. List food/type of food to be omitted. For the safety of the child, please be as specific as possible. A menu may also be developed and attached.

4. List food/type of food to be substituted. For the safety of the child, please be as specific as possible. A menu may also be developed and attached.

5. _____
Date Signature of Physician

FOR SCHOOL USE ONLY:

Form received on _____.

Form complete and accommodations will begin on _____.

Form _____ _____

Form incomplete. Parent contacted on _____.

_____ Date _____