

## Kankakee School District 111

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

CHILD'S NAME	AGE	DATE
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Dear Parent/Guardian:

This 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 or substitution, please ask your physician to complete and sign this form. If you have any questions, please contact me at

\_\_\_\_\_.  
School Phone Number

Sincerely,

\_\_\_\_\_

Food Service Director/Contact

\_\_\_\_\_

School Name

\_\_\_\_\_

Address (Street)

\_\_\_\_\_

Address (City, State, Zip Code)

**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 complete, but accommodation will not be made.     Child does not have a disability     Request not reasonable

Form incomplete. Parent contacted on \_\_\_\_\_.

\_\_\_\_\_
\_\_\_\_\_

Date
Signature of Food Service Director/Contact