ACCLAIM Academy

# Medical Statement for Special Dietary Accommodations

**All sections must be completely filled out before form will be accepted.**

**Part I (To be completed by Parent/Guardian)**

**Name of Student (Last): _____ (First): _____Date of Birth: ___/___/____**

**School Attended: _____ Grade: _____ Student ID#:_____**

**Which meals will the child eat at school (please circle)? Breakfast Lunch After-School Snack**

**Parent/Guardian: _____ Phone Number: _____ Email: _____**

**I give ACCLAIM Academy permission to speak with the below named medical authority to discuss the dietary needs described below.**

**Parent/Guardian Signature _____ Date: _____**

**Part II (To be completed by State Recognized Medical Authority ONLY!)** *Qualifying providers per HNS#11-2015 are: Dentists, Homeopathic Physicians, Naturopathic Physicians, Nurse Practitioners, Osteopathic Physicians, Physician Assistants, and Physicians.*

**ACCLAIM Academy accommodates students with special dietary needs only in circumstances when the condition is deemed a physical or mental impairment that restricts the child's diet.**

Please provide a description or explanation of how exposure to the food affects the child. **This must be filled out.**

_____

_____

**Foods to be omitted**

| | | | | |
|---|---|---|---|---|
| ____ Wheat | ____Gluten | ____Eggs | ____All egg protein (albumin, etc.) | __Sesame |
| ____ Soy protein | ____Fluid Milk | ____Dairy products | ____All milk protein (casein, whey, etc.) | |
| ____Fish | ____Shellfish | ____ Peanuts | ____Tree Nuts | |

Other (please be specific): _____

Can the student be in a classroom with others consuming peanut butter? **Yes** **No**

**Foods to be substituted into the diet to accommodate dietary restriction:**

_____

_____

**Texture Modification: _____Soft & Bite Sized (6) _____ Minced & Moist (5) _____ Pureed (4) ____ other (specify)**

**PLEASE MARK ONE:**

**This diet order is: _____ Permanent** (this diet order will remain in effect during the time the student is enrolled in WESD. A new diet order will be required to change any aspect of information provided in this diet order.)

**This diet order is: _____ Temporary** (this diet order is effective for the current school year. A new form will be required annually.)

**Name of Medical Authority (please print): _____**

**Signature: _____ Date: _____**

**Phone: _____ Fax: _____**

**Mailing Address: _____**

***Send completed forms to** ACCLAIM Academy, 7624 W Indian School Rd, Phoenix, Az 85033 or via email to Cindy Macias - cmacias@acclaimacademy.org*

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