



## Medical Statement Form to Request Special Meals and/or Accommodations

Teaching and Learning Support  
**Child Nutrition Services**  
 801 West 10<sup>th</sup> Street, Suite 200  
 PO Box 110500  
 Juneau, Alaska 99811-0500  
 (907) 465-8709

Parent and Physician or recognized Medical Authority must fill out this form and return to the school or agency serving meals. The information on this form is **CONFIDENTIAL** and to be used for special dietary needs only.

1. Parent, Guardian, Authorized Representative completes this section; complete a separate medical statement for each student.

Student	Age/Grade	District/RCCI	School/Site	
Parent, Guardian, or Authorized Representative	Telephone (Parent, Guardian or Auth. Rep)		School/Site Telephone	Date

2. Check **ONLY ONE**. Please refer to regulatory definitions of disability and medical condition on reverse side of this form.

**2.1 Student is disabled or has a food related disability and *requires* a special meal or accommodation.**  
 A Licensed Physician must complete this section and sign #3 below. *School/Site must comply with prescribed special meals and any adaptive equipment.*  
 Identify disability or food related disability and the required special meal accommodations:

**2.2 Student is requesting a special meal or accommodation.**  
 Licensed Physician or recognized Medical Authority must complete this section sign #3 below. *Substitutions and/or accommodations may be made, but are not required.*

**Diet prescription/request: Foods to be omitted and substitutions:**

- List specific foods or food types to be omitted and suggested substitutions.
- Attach additional information if appropriate with signature and date.

<b>Food(s)/food types to be omitted</b>	<b>Suggested substitution(s)</b>
_____	_____
_____	_____
_____	_____

3. A Licensed Physician or recognized Medical Authority signature is required on this form for a student who must not eat certain foods due to medical issues.

Signature of Physician or Medical Authority	Printed Name and Title	Telephone	Date

This medical statement form must be kept on file and does not have to be renewed each year if there are no changes in the diet order.