



Medical Statement for Student with Special Dietary Needs

****Please Note**** This form is required for any menu substitutions or accommodations due to special dietary needs. Special diet requests can take 2-3 weeks to process. Please plan to send a lunch with your child until you receive verification that your child's special diet request has been reviewed and accommodations can be made. Incomplete forms will be returned.

Part 1 (to be filled out by parent or guardian):

Name of Student: *(First and Last)* _____

School Attending: _____ Date of Birth: _____ Age: _____

Grade: _____ Homeroom Teacher: _____

Parent/Guardian Name: *(First and Last)* _____

Parent Contact Phone Number: () _____ or () _____

Parent Email Address: _____

Part 2 (to be filled out by the physician):

*This portion of the form must be signed by a **recognized medical authority** (physician, physician's assistant, nurse practitioner).

Please check the following regarding the child's medical condition:

- Life threatening Anaphylactic allergy
- Managed by child with moderate supervision
- Self-controlled by child

Medical Diagnosis/Food Allergy/Chronic Disease requiring diet modification:

List Foods to be Omitted:

Suggested Foods for Substitutions:

Physician's Name: *(print)* _____ Phone () _____

PHYSICIAN SIGNATURE: _____ **Date:** _____

Once completed, please return this form to: Cartwright school District Food & Nutrition Office

Fax: (623) 691-5925 **OR** 3401 N 67th Ave Phoenix, AZ 85033

Phone: (623) 691-5910