

Champaign Unit 4 School District

Child Nutrition Programs
PHYSICIAN STATEMENT FOR MEAL ACCOMMODATIONS

Form with fields for CHILD'S NAME, AGE, DATE, SCHOOL/FACILITY NAME, and ADDRESS (Street, City, State, Zip Code).

Parent/Guardian:

This school/facility participates in a federally-funded Child Nutrition Program and any meals, milk, and snacks served must meet program requirements. Reasonable meal accommodations must be made when the accommodation requested is due to a disability and supported by a physician's statement. Reasonable meal 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 _____ Name at _____ Telephone (Include Area Code).

PHYSICIAN STATEMENT

- 1. Is this accommodation being requested on the basis of a:
- preference
- mental or physical impairment or disability according to ADA Amendments of 2008?
List the impairment or disability: _____

2. How does this physical or mental impairment restrict the child's diet?

3. What accommodations are being requested? For the safety of the child and because most school/child care centers do not have access to a registered dietician, please be as specific as possible. Attach additional sheet if needed.
- Timing of meal service: _____
- Alteration of meal preparation method: _____
- Variation from meal pattern (must include foods to be omitted as well as foods to be substituted; you may attach a menu).

4. _____ Date Signature of Physician Printed Name

5. _____ Date Signature of Parent/Guardian Printed Name

FOR SCHOOL/FACILITY USE ONLY:

Form with checkboxes for: Form received on, Form incomplete. Parent contacted on, Form complete. Accommodation will not be made, Child does not have a disability, Request not reasonable, Form complete. Accommodations will begin on. Includes fields for Date, Signature of Food Service Director/Contact, and Printed Name.