

STREATOR ELEMENTARY SCHOOLS DISTRICT #44

School-Based Child Nutrition Programs

**PHYSICIAN STATEMENT FOR FOOD SUBSTITUTION**

---

CHILD'S NAME	DOB	DATE
--------------	-----	------

---

Dear Parent/Guardian:

This school participates in a federally-funded School-Based Nutrition Program and must serve meals and/or milk meeting program requirements. Reasonable food accommodations must be made when the accommodations 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 \_\_\_\_\_.

Sincerely, \_\_\_\_\_

School Nurse

**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 specific as possible.

4. List food/type of food to be substituted. For the safety of the child, please be specific as possible.

5. \_\_\_\_\_  
Date Signature of Physician