## Child Nutrition Programs PHYSICIAN STATEMENT FOR FOOD SUBSTITUTION

2111			T		
CHILD'S NAME			AGE	DATE	
SCF	HOOL/FACILITY NA	IAME	ADDRESS (S <sup>f</sup>	treet, City, State, Zip Code)	
Par	Parent/Guardian:				
Thi	This school/facility participates in a federally-funded Child Nutrition Program and any meals, milk, and snacks served must meet				
program requirements. Reasonable food accommodations must be made when the accommodation 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					
at_	, ,		J. C. J.	Name	
	Tele	lephone (Include Area Code)			
		PHYSICIA	N STATEMEN	т	
1.		nave a disability according to 7 CFR Part 15d the irment which substantially limits one or more ma		od accommodation? (Does he/she have a "physical or	
	No	If no, go to item 2 below.	JOI IIIC GOGVIGO	5 !)	
	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 o		edical problem	which restricts the child's diet and complete items 3, 4,	
	alia o neiow.				
3.	List food/type	and food to be emitted. For the safety of the chi	id please he :	as specific as possible. A menu may also be developed	
J.	and attached.		10, piease uc a	s specific as possible. A menu may also be developed	
4.	List food/typ	pe of food to be substituted. For the safety c	of the child, ple	ease be as specific as possible. A menu may also be	
	developed an	nd attached.			
5.		Date		Signature of Physician	
		Date		Signature of Physician	
FO	OR OFFICE USI	GE ONLY:			
Form received on					
	Form incomp	olete. Parent contacted on		<u></u> .	
	] Form comple	ete. Accommodation will not be made.	Child does not h	nave a disability Request not reasonable	
	_	ete. Accommodations will begin on			
	Date Signature of Food Service Director/Contact				