

ALTON COMMUNITY UNIT SCHOOL DISTRICT #11

Child Nutrition Programs
PHYSICIAN STATEMENT FOR MEAL ACCOMMODATIONS

CHILD'S NAME	AGE	DATE
SCHOOL/FACILITY NAME	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 _____
 at _____ Name
Telephone (Include Area Code)

PHYSICIAN STATEMENT

- 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: _____
- How does this physical or mental impairment restrict the child's diet?
- 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).

- _____ _____ _____
Date *Signature of Physician* *Printed Name*
- _____ _____ _____
Date *Signature of Parent/Guardian* *Printed Name*

FOR SCHOOL/FACILITY USE ONLY:		
<input type="checkbox"/> Form received on _____.	<input type="checkbox"/> Form incomplete. Parent contacted on _____.	<input type="checkbox"/> Request not reasonable
<input type="checkbox"/> Form complete. Accommodation will not be made.	<input type="checkbox"/> Child does not have a disability	
<input type="checkbox"/> Form complete. Accommodations will begin on _____.		
_____	_____	_____
<i>Date</i>	<i>Signature of Food Service Director/Contact</i>	<i>Printed Name</i>