



Medical Statement for Children Requesting Special Needs in School Nutrition Programs (CHN-F017)

Part I (To be filled out by the School)

Date: _____ Student's Name _____ Grade _____ Age _____

School Name _____ Teacher _____

Please return completed form to school nurse.

Federal law and USDA regulation require nutrition programs to make reasonable meal modifications to accommodate children with disabilities. Under the law, a disability is an impairment which substantially limits a major life activity or bodily function, which can include allergies and digestive conditions, but does not include personal diet preferences. *Please note that we are not an allergen-free facility; although careful measures are taken to prevent cross-contact, menu items may contain or come into contact with allergens.*

Part II (To be filled out by a State-Recognized Medical Authority*)

Specify the Reason for Request:

- Life threatening food allergy (specify): _____
- Disability (specify): _____
- Other (specify): _____

Describe how the impairment restricts the child's diet (i.e. how the ingestion/contact with the food impacts the child):

Diet Plan: Indicate food items that must be omitted from school provided meals and list any food substitutions:

- | | | | |
|--|--|-------------------------------------|--|
| <input type="checkbox"/> No Milk [^] (No FLUID milk as a beverage -Other dairy products and milk as an ingredient/baked in food allowed) | <input type="checkbox"/> No Egg (Eggs as an ingredient/baked in food allowed) | <input type="checkbox"/> No Soy | <input type="checkbox"/> No Shellfish (Crustacean) |
| <input type="checkbox"/> No Milk/Dairy Products (All Milk Products & Milk Derivatives, even as an ingredient/baked in food) | <input type="checkbox"/> No Egg/Egg Products (All Egg Products & Egg Derivatives, even as an ingredient/baked in food) | <input type="checkbox"/> No Fish | <input type="checkbox"/> No Tree Nuts |
| <input type="checkbox"/> No Yogurt (Other dairy products and milk as an ingredient/baked in food allowed) | | <input type="checkbox"/> No Gluten | <input type="checkbox"/> No Wheat |
| <input type="checkbox"/> No Cheese (Other dairy products and milk as an ingredient/baked in food allowed) | | <input type="checkbox"/> No Peanuts | |

Other (specify): _____

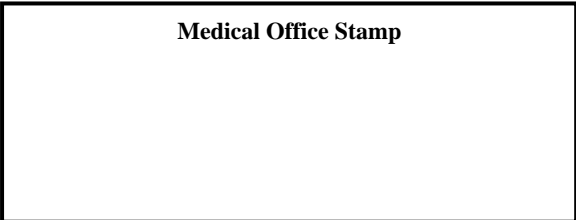
Recommended substitutions: _____

[^] Soy Milk will be substituted when Fluid Dairy Milk is omitted

Name of State-Recognized Medical Authority* (print) _____

Signature of Medical Authority* _____ Date _____

*State-Recognized Medical Authority is a licensed health care professional authorized to write medical prescriptions in Tennessee: Medical Doctor (MD), Doctor of Osteopathy (DO), Physician's Assistant (PA) with prescriptive authority, Advanced Registered Nurse Practitioner (ARNP) with certificate of fitness, Podiatrist (DPM), and Optometrist (OD), and Dentist (DDS or DMD).



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