

Alhambra Elementary School District
Medical Statement for Students with Special Dietary Accommodations

All sections must be completely filled out before the form is accepted. Accommodations may take up to 15 business days to begin.

PART A - To be completed by Parent/Guardian

Student's Name (Last): _____ (First): _____ Date of Birth: ____ / ____ / ____

Student ID: _____ School: _____ Grade: _____ Homeroom: _____

Which meals will the child eat at school (circle all that apply)? Breakfast Lunch Snack

Does the student have an identified disability and an Individualized Education Program (IEP) or 504 Plan? Yes No

Parent/Guardian Name (please print): _____ Phone: _____

I agree to give the Child Nutrition Department and School Nurse permission to speak with the below named Healthcare Provider to discuss the dietary needs described below.

Parent/Guardian Signature: _____ Date: _____

PART B - To be completed by a Licensed Provider – MD, DO, NP or PA

Medical Diagnosis/Condition: _____

Does the child have a life-threatening food allergy? Yes No

**Students with life threatening food allergies must have an emergency action plan in place at the school.*

If yes, has an EpiPen been prescribed? Yes No

Child has allergic reaction if item is: Ingested Contact Inhalation

Ability to self-manage (please check): Needs close supervision Managed by child with moderate supervision Child self manages

Describe the signs/symptoms that occur if student comes in contact with the food allergy: _____

FOODS THAT SHOULD BE AVOIDED: Check all that apply

DAIRY

- Fluid Milk Only
(Okay to have lactose-free milk)
- All Dairy Products
(Yogurt, cheese, butter)
- All Milk Proteins
(Casein, whey, or any recipe with milk as ingredient)

EGG

- Whole egg
(Scrambled or boiled)
- All Egg Proteins
(Albumin, or any recipe with egg as ingredient)

FISH OR SHELLFISH

- Specify _____

WHEAT

- Recipes with any wheat listed as ingredient

NUTS/SOY

- Peanuts
- Tree Nuts
(Cashews, Walnuts, Almonds, etc.)
- Soy Protein
(Any recipe with soy protein as ingredient)

Other (be specific – whole food, as ingredient, or both): _____

Can student be in a classroom with others consuming these foods? Yes No

Texture Modification: Chopped Ground Pureed Other (Specify) _____

This diet order is: **Permanent** (will remain in effect during the time the student is enrolled in Alhambra School District. A new diet order will be required to change any information provided in this diet order).

This diet order is: **Temporary** (effective for the current school year. A new form will be required annually).

Name of Healthcare Provider (Please Print): _____ **Phone:** _____

Healthcare Provider Signature: _____ **Date:** _____

Mailing Address: _____

Submit completed forms to your school nurse's office. For questions or concerns, email brienneross@alhambraesd.org or call 602-336-2985.

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