



REQUEST FOR SPECIAL MEALS/ACCOMMODATIONS-MEDICAL STATEMENT

1. Print Name of Child	2. DOB	3. Site Name
		4. EHS or HS / FD, PD AM or PM
5. Print Name of Parent/Guardian	6. Parent/Guardian Phone # ()	7. Site Phone # ()
8. Print Name of Supervisor	9. Print e-mail address of Site Supervisor @neighborhoodhouse.org	

10. Describe the child's physical or mental impairment affecting meals (i.e. "Allergy to peanuts"):

11. Explain the diet prescription/accommodation to ensure proper implementation.

12. Check box to indicate food texture for above child:

Regular Chopped Ground Puréed

13. Foods to be omitted (i.e. AVOIDED) and the appropriate substitutions (i.e. Foods OK to eat):

<p><u>Check the foods to OMITTED:</u></p> <p><input type="checkbox"/> fluid milk only</p> <p><input type="checkbox"/> cheese and yogurt</p> <p><input type="checkbox"/> foods containing dairy products (muffins, rolls)</p> <p><input type="checkbox"/> cooked eggs (scrambled, hardboiled)</p> <p><input type="checkbox"/> foods containing egg products (muffins)</p> <p><input type="checkbox"/> soy products</p> <p><input type="checkbox"/> nuts</p> <p><input type="checkbox"/> list other foods to AVOID:</p> <p>_____</p> <p>_____</p>	<p><u>Check the suggested substitutions:</u></p> <p><input type="checkbox"/> fluid milk only</p> <p><input type="checkbox"/> cheese and yogurt</p> <p><input type="checkbox"/> foods containing dairy products (muffins, rolls)</p> <p><input type="checkbox"/> cooked eggs (scrambled, hardboiled)</p> <p><input type="checkbox"/> foods containing egg products (muffins)</p> <p><input type="checkbox"/> soy products</p> <p><input type="checkbox"/> list other suggested food substitutions:</p> <p>_____</p> <p>_____</p>
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14. If applicable: List adaptive equipment to be used:

15. Signature of State Licensed Healthcare Professional*	16. Print Name	17. Phone Number ()	18. Date / /
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*For this purpose, a state licensed healthcare professional in California is a licensed physician, a physician assistant, or a nurse practitioner.

The information on this form should be updated to reflect the current medical and/or nutritional needs of the participant.

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