

BALTIMORE COUNTY PUBLIC SCHOOLS
Office of Food and Nutrition Services

Medical Statement for Students Requiring Meal Accommodations at School

Dear Health Care Provider:

Schools participating in the Child Nutrition (Meal) Program are required to make accommodations for students with an identified disability including life-threatening food allergies that restrict their diet. Federal rules require this statement to be signed by a licensed physician in order to make this accommodation.

The school district will make reasonable accommodations for students with special dietary needs or intolerances that are not considered life threatening. This medical statement is to be signed by a recognized medical authority.

Students Name: _____ Date of Birth: _____

School (currently attending): _____

Disability/Diagnosis for Special Diet:

Diet Prescription:

List food allergies/intolerances:

Alternate foods:

Requested preparation:

Egg allergy, cooked egg only

Indicate any texture modifications and foods requiring modifications:

Chopped/cut up

Ground

Pureed

Special equipment/utensils needed:

Physician or Medical Authority Signature: _____

Date: _____