Child Nutrition Programs

PHYSICIAN STATEMENT FOR FOOD SUBSTITUTION

<table>
<thead>
<tr>
<th>CHILD'S NAME</th>
<th>AGE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCHOO/FACILITY NAME</td>
<td>ADDRESS (Street, City, State, Zip Code)</td>
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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 food accommodations must be made when the accommodation requested is due to a disability and supported by a physician's statement. Reasonable food 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)

1. Does child have a disability according to 7 CFR Part 15d that requires food accommodation? (Does he/she have a "physical or mental impairment which substantially limits one or more major life activities"?)
   - [ ] No If no, go to item 2 below.
   - [ ] Yes If yes, provide the following information and complete items 3, 4, and 5 below.
     a. What is the disability?
     b. What major life activity is affected?
     c. How does the disability restrict the diet?

2. Child has no disability but requires a special diet. Identify medical problem which restricts the child's diet and complete items 3, 4, and 5 below.

3. List food/type of food to be omitted. For the safety of the child, please be as specific as possible. A menu may also be developed and attached.

4. List food/type of food to be substituted. For the safety of the child, please be as specific as possible. A menu may also be developed and attached.

5. __________________________ Date __________________________ Signature of Physician

FOR OFFICE USE ONLY:
- [ ] Form received on __________________________
- [ ] Form incomplete. Parent contacted on __________________________
- [ ] Form complete. Accommodation will not be made. [ ] Child does not have a disability [ ] Request not reasonable
- [ ] Form complete. Accommodations will begin on __________________________

________________________ Date __________________________ Signature of Food Service Director/Contact

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