

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.

PARTE A - Para ser completado por el padre / tutor

Nombre del estudiante (Apellido): _____ (Primero): _____ Fecha de nacimiento: ____ / ____ / ____

Identificación del Estudiante: _____ Colegio: _____ Grado: _____ Aula: _____

¿Qué comidas comerá el niño en la escuela (circule todas las que correspondan)? Desayuno Almuerzo Bocadillo

¿Tiene el estudiante una discapacidad identificada y un Programa de Educación Individualizado (IEP) o Plan 504? ☐ Sí ☐ No

Nombre del padre / tutor (en letra de imprenta): _____ Teléfono: _____

Estoy de acuerdo en darle permiso al Departamento de nutrición infantil y a la enfermera escolar para hablar con el proveedor de atención médica nombrado a continuación para hablar sobre las necesidades dietéticas que se describen a continuación.

Firma del Padre / Tutor: _____ Fecha: _____

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)
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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 elizabethbiggs@alhambraesd.org or call 602-336-2980.

This institution is an equal opportunity provider.