

**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 [rebeccabacon@alhambraesd.org](mailto:rebeccabacon@alhambraesd.org) or call 602-336-2985.

*This institution is an equal opportunity provider.*