Physician's Statement for Students with Special Dietary Needs*

<table>
<tr><td colspan="2">Student's Name</td><td colspan="2">Age</td></tr>
<tr><td>Name of School</td><td>Grade Level</td><td colspan="2">Classroom</td></tr>
<tr><td colspan="2">Does the child have a disability?
If yes, describe the major life activities affected by the disability.</td><td>Yes</td><td>No</td></tr>
<tr><td colspan="2">Does the child have special nutritional or feeding needs?
If Yes, complete Part B of this form and have it signed by a licensed physician.</td><td>Yes</td><td>No</td></tr>
<tr><td colspan="2">If the child is not disabled, does the child have special nutritional or feeding needs?
If Yes, complete Part B of this form and have it signed by a recognized medical authority.</td><td>Yes</td><td>No</td></tr>
</table>

PART B

<table>
<tr><td colspan="2">List any dietary restrictions or special diet.</td></tr>
<tr><td colspan="2">List any allergies or food intolerances to avoid.</td></tr>
<tr><td colspan="2">List foods to be substituted.</td></tr>
<tr><td colspan="2">List foods that need the following change in texture. If all foods need to be prepared in this manner, indicate "ALL".

Cut up or chopped into bite size pieces:

Finely ground:

Pureed:</td></tr>
<tr><td colspan="2">List any special equipment or utensils that are needed.</td></tr>
<tr><td colspan="2">Indicate any other comments about the child's eating or feeding patterns.</td></tr>
<tr><td>Physician or Medical Authority's Signature</td><td>Date:</td></tr>
</table>

***This statement must be updated annually.**