

*Wickliffe Elementary School*

11176 E. 470, Salina, OK 74365

Phone: 918-434-5559

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**MEDICAL STATEMENT: Requesting Special Foods in Child Nutrition Programs**

Part I (to be completed by Parent/Guardian):

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Last First MI

Parent/Guardian Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Part II (to be completed by a Physician) (Please complete both omitted and substituted foods sections)

Mark appropriate box:

- CHILD WITHOUT DISABILITIES (with intolerances)
- CHILD WITH DISABILITIES

Diagnosis (include description of the patient's disability and major life activity affected by the disability):

REMEMBER: For life threatening allergies, meals from home provide the safest option.

Food(s) to be omitted from diet (Select and/or list): Dairy (including Milk, Cheese, Ice Cream, Pizza); Peanuts and/or Peanut Products; Strawberries

Food(s) to be substituted in the diet, and any modifications of texture or consistency that are necessary (Select and/or list)      No Substitution Needed

Licensed Physician: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature Required

Physician's Address: \_\_\_\_\_ Telephone: \_\_\_\_\_