ETHOS ACADEMY

A Challenge Foundation Academy

MEDICAL STATEMENT FOR STUDENTS WITH SPECIAL DIETARY ACCOMMODATIONS

Requesting Dietary Accommodations in the U.S. Department of Agriculture (USDA) Child Nutrition Programs (National School Lunch Program, School Breakfast Program, Afterschool Snack Program, Summer Food Service Program)

Part 1: To be completed by a parent/guardian

Student's Name (Last): _____ (First): _____

Date of Birth: ____ /____ /____Student ID: _____ School: _____

Grade: _____

Which meals will the child eat at school (circle <u>all</u> that apply)? Breakfast Lunch Snack

Parent/Guardian Name (please print): _____

Phone: _____

Email :

Parent/Guardian Signature: _____

Date: _____

Part 2: To be completed by state licensed healthcare professionals*

***For purposes of Child Nutrition Programs, only a "Licensed Healthcare Professional" is permitted to complete and sign a medical statement for meal accommodations in the Child Nutrition Programs. The seven medical professionals listed are permitted to complete and sign a medical statement for meal accommodations in the Child Nutrition Programs administered in Arizona. (HNS# 11-2015). Dentists, Homeopathic Physicians, Naturopathic Physicians, Nurse Practitioners, Osteopathic Physicians, Physician Assistants, and Physicians.**

A. List of foods/ingredients to be omitted from the diet.

B. Provide a brief explanation of how exposure to the food affects the child.

C. List of foods/ingredients that can be substituted into the diet to accommodate the dietary restrictions.

This diet order is: ◯Permanent (This medical statement will remain in effect during the time the student is enrolled. A new medical statement will be required to change any aspect of information provided in this medical statement.)

This diet order is: ◯Temporary (effective for the current school year. A new form will be required annually).

Licensed Healthcare Professional Name: **Office Phone Number:**

Licensed Healthcare Professional Signature:

Date:

Submit completed forms to your school Front office. For questions or concerns, email spatlolla@ethosacademy.school or call (623)249-3211.