

**Harmony Public Schools Child Nutrition Program
Special Dietary Accommodations**

Child's Name	Age	Date
School	Teacher	
Parent/Guardian Name:	Parent/Guardian Phone Number:	

Parent/Guardian:

This school participates in the federally funded Child Nutrition Program and all meals and snacks served must meet program requirements. Dietary accommodations will be made in accordance with program regulations when the accommodation requested is due to a disability as supported by physician's statement. A reasonable dietary accommodation may be made for children without disabilities who have special dietary needs, and is at the discretion of the district.

Please provide this form to your child's physician if special dietary accommodations are requested. This form must be filled out completely. If you have any questions, please contact _____ at _____.

MEDICAL STATEMENT

OPTION #1: Child has a disability requiring dietary accommodations.

What is the disability? _____

What major life activity is affected? _____

How does the disability restrict diet? _____

Foods to be omitted (be specific): _____

Food to be substituted (be specific): _____

OPTION #2: Child has no disability, but has a special dietary need.

Medical problem which restricts the diet? _____

Foods to be omitted (be specific): _____

Food to be substituted (be specific): _____

Signature of Medical Authority Licensed in Texas

Date

FOR OFFICE USE:

- Form received on _____
- Form incomplete. Parent contacted on _____
- Accommodation made for child with disability.
- Accommodation made for child with special dietary needs.
- Accommodation will not be made. No medical need. Request not reasonable.

Lunch Clerk Signature

Date