

## Physician Request for Special Diet Accommodations

All sections must be complete before the form will be accepted. Accommodations may take up to 10 days to begin.

Part II (To be filled out by licensed physician- **M.D. or D.O. only**)

**Patient's Diagnosis:** \_\_\_\_\_

**Is the medical condition a disability that restricts the student's diet?:**      Yes      No

Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, a "person with a disability" is any person who has a physical or mental impairment that substantially limits one or more life activities, has record of such impairment or is regarded as having such impairment.

**If yes, explain how the disability restricts their diet and the major life activities affected by the disability:**

\_\_\_\_\_

**Does the child have a life-threatening food allergy?:** Y    N      **If yes, has an EpiPen been prescribed?** Y    N

If yes to any of the above questions, Part III must be completed and signed by a licensed physician. If no was answered to the first two questions, accommodations are not required to be made by the Food & Nutrition Department and Part III is not necessary.

Part III (To be filled out by licensed physician-- **M.D. or D.O. only**)

**Foods to be omitted: PLEASE READ CAREFULLY & CHECK APPROPRIATE BOX**

Gluten (Rye,  
Wheat, Barley)

