Broward County Public Schools | Food and Nutrition Services Department

MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS

☐***New*** Request ☐***Change***/Modify Existing Request ☐***Discontinue*** Request

PART 1: GENERAL INFORMATION - COMPLETED BY THE PARENT/GUARDIAN

I understand as a parent, that it is my duty to update this form **any time there is a change or discontinuation of dietary needs** and to give to the school nurse. I give Broward County Public Schools FNS permission to speak with the state licensed healthcare professional to discuss dietary needs as ordered.

X_____ _____ _____

PARENT/GUARDIAN SIGNATURE | DATE | CONTACT NUMBER OF PARENT/GUARDIAN

Student First and Last Name	**State licensed healthcare professional may assist parent/guardian in completing this section.**
Student Date of Birth	**Lactose Intolerance** ☐No Yogurt due to Lactose Intolerance ☐No Cheese due to Lactose Intolerance ☐No Fluid Dairy Milk due to Lactose Intolerance Offer instead: ☐Lactose Free Cow's Milk ☐Water ☐Soy Milk
Name of School/Center	
Name of Parent/Guardian	**Religious/Cultural Beliefs Food Restrictions** ☐No Pork ☐Other: (Please Print)_____

PART 2: ALLERGIES - COMPLETED BY STATE LICENSED HEALTHCARE PROFESSIONAL

Section A: Student with Medical Disability/Life-Threatening	**Section B: Student with NO Medical Disability/Non-Life-Threatening**
Does the student have a disability which restricts the student's diet? ☐Yes* ☐No ***If Yes**, describe or state the student's **disability** or **diagnosis**. Explain why it restricts the student's diet and list major life activities affected by the disability: _____ _____ _____	**Student has allergies/intolerances that are NOT life-threatening/anaphylactic:** **Milk/Dairy Allergy:** Check **ALL** that apply. ☐No Fluid Dairy Milk ☐No Yogurt ☐No Cheese ☐No menu items with milk as an ingredient - - Substitute with ☐Soy Milk ☐Water **Egg Allergy:** Check **ALL** that apply. ☐No Whole Eggs (such as scrambled or boiled) ☐No menu items with egg as an ingredient ☐**Soy Allergy** (soy oil is allowed) Additional Food Allergies: (Please print) _____ _____
Food Allergy: Student has food allergies that **ARE** life threatening/anaphylactic: ☐Yes, continue with this section. ☐No, refer to section B.	
Milk/Dairy Allergy: Check **ALL** that apply. ☐No Fluid Dairy Milk ☐No Yogurt ☐No Cheese ☐No menu items with milk as an ingredient - - Substitute with ☐Soy Milk ☐Water	
Egg Allergy: Check **ALL** that apply. ☐No Whole Eggs (such as scrambled or boiled) ☐No menu items with egg as an ingredient	
☐**Soy Allergy** (soy oil is allowed)	
Additional Food Allergies: (Please print) _____	

Indicate Food Texture for Above Student: ☐ Regular ☐ Pureed

PART 3: SIGNATURE – COMPLETED BY A LICENSED MEDICAL PROFESSIONAL

Printed Name of State Licensed Medical Professional	Title: ☐Physician	☐Physician Assistant	☐Nurse Practitioner (ARNP)
Signature of State Licensed Medical Professional	Date Signed VALID FOR ONE YEAR FROM THIS DATE		
Medical Office Address	Medical Office Phone Number		

Required annually. Valid for 1 year. This institution is an equal opportunity provider. Questions? Call 754-321-0215.

Broward County Public Schools Food and Nutrition Services Department

DEKLARASYON MEDIKAL POU MANDE MANJE ESPESYAL AK/OSWA ADAPTASYON
ENSTRIKSYON

Paran oswa gadyen dwe konplete Pati 1. ***Yon pwofesyonnèl lasante ki gen lisans leta*** ki otorize ekri preskripsyon medikal anba lwa Leta dwe konplete **Pati 2 ak 3**. Nan Florid, yon Doktè, Doktè Asistan, oswa Enfimyè pratisyen (ARNP) ka ekri preskripsyon tou.

PATI 1: ENFÒMASYON JENERAL – PARAN/GADYEN DWE KONPLETE PATI SA

1. **Siyati Paran/Gadyen:** Fè lekti deklarasyon responsablite. Apre, siyen, date, epi ekri nimewo telefòn paran/gadyen kap mande manje espesyal ak/oswa adaptasyon pou elèv/patisipan.
2. **Prenon ak Siyati Elèv:** Ekri an lèt detache non elèv la kap mande manje espesyal ak/oswa adaptasyon.
3. **Dat Nesans**: Ekri dat elèv la te fèt.
4. **Non Lekòl/Sant**: Ekri non lekòl/kote elèv la pral manje.
5. **Non Paran oswa Gadyen:** Ekri non moun ki siyen deklarasyon responsablite.
6. **Entolerans Laktòz/Lactose Intolerance:** Tcheke tout manje ki gen laktòz elèv la pap kapab manje. Fè sèten ou tcheke yon bwason elèv la *ka* bwè.
7. **Restriksyon Alimantè Akòz Konviksyon Relijye/Kiltirèl:** Tcheke tout sa ki aplikab. Enkli manje ak aliman adisyonèl elèv la pap kapab manje poutèt konviksyon relijye oswa kiltirèl.

PATI 2: ALÈJI – SE YON PWOFESYONÈL LASANTE KI GEN LISANS LETA KI DWE KONPLETE PATI SA.

Seksyon A: Konplete seksyon sa si Elèv la soufri avèk yon Andikap/Dizabilite Medikal ki Mete Lavi An Danje

8. **Èske elèv la gen yon andikap/dizabilite**: Tcheke Wi oswa Non.
   a. *"Elèv andikape"* definisyon an se nenpòt elèv ki gen yon ***andikap fizik oswa mantal*** ki limite yon aktivite oswa *plis aktivite lavi ki enpòtan,* gen yon dosye ki esplike andikap la, oswa yo konsidere li gen yon **andikap**.
   b. *"Yon andikap fizik oswa mantal se"* savledi (a) nenpòt twoub oswa kondisyon fizyolojik, defigire kosmetik, oswa pèt nan anatomi ki afekte youn oswa plis sistèm lekò: egzanp sistèm newolojik, miskeskelèt; ògan sansoryèl espesyal; respiratwa, enkli ògan ki pèmèt langaj; kadyovaskilè, repwodiksyon, ògan dijesyon, jenito-urinè; sistèm hemik e lenfatik; po; ak sistèm andokrin; oswa (b) nenpòt twoub mantal oswa sikolojik, tankou enkapsite entelektyèl, sendwòm serebral òganik, maladi mantal oswa emosyonèl ak twoub aprantisaj espesifik.
   c. *"Aktivite lavi ki enpòtan"* enkli, men pa limite ak, andikape okipe tèt li, ka fè tach manyèl, wè, tande, manje, dòmi, mache, kanpe, leve, bese, pale, respire, aprann, fè lekti, konsantre, panse, kominike, epi travay.
   d. *"Gen yon dosye ki esplike andikap la"* definisyon an se gen yon istwa oswa yo klase (oswa mal klase) andikap la kòm yon andikap mantal oswa fizik ki limite yon aktivite oswa limite yon fason konsiderab plis aktivite lavi.
9. **Andikap/Dyagnostik:** Dekri oswa deklare andikap oswa dyagnostik elèv la <u>epi</u> esplike poukisa sa mete restriksyon sou rejim/ dyet elèv la epi enimere aktivite lavi ki afekte pa andikap/diizabilite la.
10. **Alèji ak Manje**: Tcheke Wi oswa Non pou endike si elèv la alèjik ak manje, alèji ki mete lavi elèv la an danje. Si ou reponn wi, kontinye avèk Seksyon A. Si ou reponn non, ale nan Seksyon B.
11. **Alèji ak Lèt/Pwodi Lèt**: Tcheke tout aliman elèv la pa ka genyen. Tcheke yon bwason elèv/patisipan ka bwè.
12. **Alèji ak Ze**: Tcheke tout aliman elèv la pa ka genyen oswa manje.
13. **Alèji ak soya (soy)**: Tcheke tout sa ki aplikab.
14. **Alèji adisyonèl:** Ekri alèjèn (plizyè alèjèn) nan **aliman** ki ka <u>mete lavi an danje</u> elèv la <u>*alèjik*</u> ak [ekzanp. Pistach, Nwa (Tree Nut), Ble, Pwason, Kristase, Wowoli (Sesame)].
15. **Endike teksti aliman**: Si elèv la oswa patisipan pa bezwen okenn modifikasyon aliman, tcheke "Regular" (Nòmal)

Seksyon B: Konplete Seksyon sa si Elèv la PA gen yon Andikap Medikal/Alèji ak Aliman/Entolerans Aliman ki pa Mete Lavi An Danje.

16. **Alèji ak Lèt/Pwodi Lèt**: Tcheke tout aliman elèv la pa ka manje. Tcheke yon bwason elèv la ka bwè.
17. **Alèji ak Ze**: Tcheke tout aliman elèv pa ka manje.
18. **Alèji ak Soya (Soy):** Tcheke tout sa ki aplikab.
19. **Alèji adisyonèl:** Ekri alèjèn (plizyè alèjèn) nan **aliman** ki <u>pap mete lavi an danje</u> elèv la alèjik/entolerans aliman [ekzanp Pistach, Nwa (Tree Nut), Ble, Pwason, Kristase, Wowoli (Sesame)].

PATI 3:

20. **Enprime non pwofesyonèl lasante ki gen lisans Leta**: Ekri an lèt detache non pwofesyonnèl lasante ki gen lisans leta, ki sipèvize swen elèv la.
21. **Tit**: Tcheke bwat seleksyon ki dekri kalifikasyon pwofesyonnèl lasante ki gen lisans.
22. **Siyati Pwofesyonnèl Lasante ki gen Lisans Leta:** Siyati pwofesyonèl lasante ki gen lisans leta kap mande manje espesyal oswa akomodasyon.
23. **Dat fòm la siyen**: Mete dat pwofesyonèl lasante ki gen lisans siyen fòm la.
24. **Non Klinik (Medical Office):** Enprime non klinik kote elèv la resevwa swen nan men pwofesyonèl lasante ki gen lisans leta.
25. **Adrès Klinik:** Adrès klinik (ofis) pwofesyonèl lasante ki gen lisans leta / kote lap travay.
26. **Telefòn Klinik:** Nimewo telefòn pwofesyonnèl lasante ki gen lisans leta.