



FNS REQUEST for Special Nutritional Needs Annual Medical Statement for Students

DO NOT WRITE IN THIS AREA

3102479680

School Year: (Año escolar)

PART A Parent / Guardian: Complete Items 1 - 16

1) Student ID#, 2) Student's Last Name, 3) Student's First Name, 4) Date of Birth

5) School, 6) Grade, 7) Student assigned in: PreK/EHS, PreK VE, Charter, K-12

Parent/Guardian Name & Contact Information (Nombre & Información del contacto) 8) Name, 9) Phone Number, 10) Mailing Address

11) E-mail Address (Dirección electrónica)

12) Meals Eaten at School, 13) Allowable Parent Request: Lactose Intolerance, Cheese, Yogurt, Cultural/Religious Preference, Pork, Beef, Other

14) Does the student have an identified disability (IEP or 504 Plan)?

15) I consent to the exchange of information between the physician and school, as needed.

Parent / Guardian Signature (required for processing) X, Date

16) Parent/Guardian: It is REQUIRED that this completed form is returned to the cafeteria manager.

\*Information regarding major allergens and nutrient/carbohydrate information are available for review at http://schools.mealviewer.com/district/pascocounty

PART B COMPLETED BY THE PHYSICIAN ONLY: Complete Items 17 - 20

17) Student Diagnosis or Condition: Food Intolerance, Food Allergy, Life Threatening Food Allergy, Other

18) Please check all food(s) to omit from child's diet during the school only: DAIRY, EGG, WHEAT / GLUTEN, FISH OR SHELLFISH, PEANUTS OR TREE NUTS, CORN, SOY, OTHER

19) Does the student have a disability, medical condition, or severe food allergy warranting a special diet? Yes, No

FOOD TEXTURE MODIFICATION: Pureed, Ground, Chopped

20) LICENSED PHYSICIAN'S INFORMATION: Medical Authority Signature, Date, Medical Office Stamp