

Medical Statement Supporting Modification to Accommodate Special Needs/Allergy

Name of Student: _____

School Site: _____

Parent(s) Name: _____

Disability or Non-Disability (circle one)

*Diagnosis is not required

Foods to be avoided (allergen):

Brief explanation of how exposure of the food affects the student:

Physician statements must provide sufficient information about the impairment, how it restricts diet, and how to accommodate the condition. Physician statements can be signed by health care professionals authorized to write prescriptions in WV. This includes medical or osteopathic physicians, physician assistants, osteopathic physician assistants, and advanced nurse practitioners who hold a certificate to prescribe.

This diet modification has been discussed with the school team, consisting of:

*please initial to confirm

_____ CN Coordinator/Director

_____ Nurse

_____ Site Cook

_____ Principal

_____ Teacher