



Bloomington Public Schools—District 87

Physician Statement for Food Substitution

Child's Name: School/Grade: Date:

Dear Parent/Guardian:

This school participates in a federally-funded School-Based Child Nutrition Program and must serve meals and/or milk meeting program requirements. Reasonable food accommodations must be made when the accommodation being requested is due to a disability and may be made for children without disabilities who have special medical dietary needs; a medical statement may be required. If you are requesting a meal accommodation or substitution, please ask your licensed physician to complete and sign this form. If you have any questions, please contact me at 309-827-6031 ext 229.

Sincerely,

Julie McCoy MS, RD, LDN
School Nutrition Director
300 E. Monroe
Bloomington, IL 61701

I consent to the sharing of relevant medical information between the school, physician's office, and necessary District 87 staff.

Parent/Guardian Name: Signature: Phone:

Physician Statement

- 1. Does child have a disability that requires food accommodation?
2. Child has no disability, but requires a special diet. Identify the medical problem which restricts the child's diet and complete item 3-5 below.
3. List food/type of food to be OMITTED. For the safety of the child, please be as specific as possible.
4. List food/type of food that should be SUBSTITUTED for those foods omitted above. For the safety of the child, please be as specific as possible.
5. Is this condition life-threatening?
6. Date Signature of Physician

For School Use Only:

- Form received on Letter sent to parent on: Parent called on:
Form complete and accommodations will begin on
Form complete, but accommodations will not be made per parent request.
Form incomplete. Parent contacted on

Date: Signature of School Nutrition Director/Contact: