

☐ LINQ ☐ Aeries (Food-02/MSTAT-79)
☐ Uploaded MSTAT to LINQ
☐ Health Office - emailed health aide
☐ Meal Card (TK/K) - mailed to: _____
☐ Approved by: _____

MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS

ALL SECTIONS MUST BE FULLY COMPLETED BY A LICENSED PHYSICIAN IN ORDER TO PROCESS.

School or Agency: PERRIS ELEMENTARY SCHOOL DISTRICT		Site Name (CIRCLE): CW / EH / GH / IH / PM / PE / RW / SV / YEA		Site Phone Number:	
Name of Child/Participant:		Student ID#		Grade:	Date of Birth:
Name of Parent/Guardian:				Phone Number	
Description of Child/Participant's Physical/Mental Impairment Affected:					
Explanation of Diet Prescription and/or Accommodation to Ensure Proper Implementation:					
Indicate Food Texture for Above Child/Participant: ☐ Regular ☐ Chopped ☐ Ground ☐ Pureed					
Foods to be Omitted and Appropriate Substitutions:					
Foods To Be Omitted:			Suggested Substitutions:		
<u>Milk/Dairy Allergies (OMIT):</u>		<u>Egg Allergies (OMIT):</u>		<u>Peanut/Nut Allergies (OMIT):</u>	
☐ Only Fluid Milk, Serve: _____		☐ All Eggs		☐ Only Peanuts	
☐ All Foods Containing Milk		☐ All Foods Containing Eggs (Mayo, dressing, etc.)		☐ Only Treenuts (Walnuts, Cashews)	
☐ All Baked Products Containing Milk		☐ All Baked Products Containing Eggs		☐ All Nuts	
Adaptive Equipment to be used:					
Signature of State Licensed Healthcare Professional:		Printed Name of State Licensed Healthcare Professional:		Phone Number:	Date:

For this purpose, a state licensed healthcare professional in California is a licensed physician, a physician assistant, a nurse practitioner or registered dietician.
The information on this form should be updated to reflect the current medical and/or nutritional needs of the participant.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's Target Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complaint should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by mail:
 U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW, Washington D.C. 20250-9410 or
 Fax: (833) 256-1665 or (202) 690-7442; or email: program.intake@usda.gov This institution is an equal opportunity provider.