ELMBROOK SCHOOLS
School District of Elmbrook

Nutritional Accommodation Form

This is a nutritional accommodation form printed by the USDA used to aide in meeting the needs of students with dietary restrictions. The form needs to be completed by the student's recognized medical practitioner stating the disability/dietary restriction, along with suitable replacement food(s). This form should be used for disabilities such as Lactose Intolerance, Celiac disease, Crohn's disease or any other medical condition that requires nutritional accommodations.

This form must be completed and signed prior to accommodations being provided by our Elmbrook School Nutritional Services. If your child will NOT be accessing Elmbrook School Nutritional Services, please indicate this in **Part C;** sign, date and return to your school health office.

Part A		
Student's Name	Age	
Name of School	Grade Level	
Does the child have a disability? If Yes, describe the major life activities affected by the disability. Does the child have special nutritional or feeding needs? If Yes, complete Part B of this form and have it signed by a recognized medical practitioner.	Yes Yes	No No
If the child is not disabled, does the child have special nutritional or feeding needs? If Yes, complete Part B of this form and have it signed by a recognized medical practitioner.	Yes	No
If the child does not require special meals, the parent can sign at the bottom and return the form to the school food service.		
Part B		
List and dietary restrictions or special diet.		
List any allergies or food intolerances to avoid.		
List foods to be substituted.		
List foods that need the following change in texture. If all foods need to be prepared in this manner, indicate "All." Cut up or chopped into bite size pieces: Finely ground: Pureed:		
List any special equipment or utensils that are needed.		
Indicate any other comments about the children's eating or feeding patterns.		
Part C		
My child **WILL** or **WILL NOT** (circle one) by accessing Elmbrook School Nutritional Services		
Parent/Guardian Signature:	Date:	
Recognized Medical Practitioner:	Date:	