

Chapel Hill Academy participates in the federally funded Child Nutrition Program and all meals served must meet program requirements. Dietary accommodations will be made in accordance with program regulations when the accommodation requested is due to a disability as supported by a physician’s statement. Reasonable dietary accommodation may be made for children without disabilities who have special dietary needs and is at the discretion of the district.

Please provide this form to your child’s physician if special dietary accommodations are requested.

Child’s Name	Age	Today’s Date
Teacher/Grade Level		
Parent/Guardian Name	Parent/Guardian Phone#	

This school participates in the federally funded Child Nutrition Program and all meals and snacks served must meet program requirements. Dietary accommodations will be made in accordance with program regulations when the accommodation requested is due to a disability as supported by physician’s statement. A reasonable dietary accommodation may be made for children without disabilities who have special dietary needs, and is at the discretion of the district.

Please provide this form to your child’s physician if special dietary accommodations are requested. This form must be filled out completely. If you have any questions, please contact Margaret L. Simpson, Child Nutrition Director at 817-289-0242 or email at msimpson@lenapope.org.

Physician’s Statement

OPTION #1: Child has a disability requiring dietary accommodations.

What is the disability? _____

What major life activity is affected? _____

How does the disability restrict diet? _____

Foods to be omitted (be specific): _____

Food to be substituted (be specific): _____

OPTION #2: Child has no disability, but has a special dietary need.

Medical problem which restricts the diet? _____

Foods to be omitted (be specific): _____

Food to be substituted (be specific): _____

Physician’s Signature

Date

<p>FOR OFFICE USE:</p> <p><input type="checkbox"/> Form received on _____</p> <p><input type="checkbox"/> Form incomplete. Parent contacted on _____</p> <p><input type="checkbox"/> Accommodation made for child with disability.</p> <p><input type="checkbox"/> Accommodation made for child with special dietary needs.</p> <p><input type="checkbox"/> Accommodation will not be made. No medical need. Request not reasonable.</p>
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