Palmdale School District
Launching a lifetime of learning

Early Childhood Education Programs
975 East Ave P-8
Palmdale, CA 93550
(661) 273-4710
(661) 273-1037 Health Fax
www.palmdalesd.org

MEDICAL STATEMENT TO REQUEST SPECIAL MEALS and/or ACCOMMODATION

(1) Name of Participant	(2) DOB	(3) School	(4) Site
		Early Childhood Education	
(5) Name of Parent, Guardian, or Auth. Rep	**(6) Telephone (Parent, Guardian or Auth. Rep.)**	**(7) Site Telephone Number**	
		661-273-4710	

(8) Disability or medical condition requiring a special meal or accommodation: _____

_____

(9) Explanation of Diet Prescription and/or Accommodation (Please describe in detail to ensure proper implementation):

_____

(10) Indicate food texture: ☐ **Regular** ☐ **Chopped** ☐ **Ground** ☐ **Pureed**

Foods to be omitted and appropriate substitutions: Please list specific foods to be omitted and suggested substitutions.
If lactose intolerant please specify to remove all dairy products or specify if cheese and yogurt are permitted. ***The only allowable substitutes for fluid cow's milk are lactose free milk and soymilk.***

(11) Foods to be OMITTED	**(12) SUBSTITUTIONS *(*REQUIRED*)***

(13) Adaptive Equipment: _____

(14) Signature of State Licensed Healthcare Professional*	**(15) Printed Name**	**(16) Telephone**	**(17) Date**

***For this purpose, a state licensed healthcare professional in California is a physician, physician's assistant, or a nurse practitioner.**

E-501B