

# SIERRA OUTDOOR SCHOOL

## SPECIAL MEAL STATEMENT FOR PARTICIPANTS WITH **ALLERGIES, CHRONIC DISEASES, DISABILITIES OR VEGETARIAN** REQUIRING SPECIAL MEALS

(1) Name of Participant	(2) Age	(3) School
(4) Name of Parent, Guardian or Authorized Representative		(5) Telephone Number
<p>(6) Must Check One:</p> <p>_____ Participant is disabled or has a medical condition and <i>requires</i> a special meal or accommodation. <b><u>A licensed physician must sign this form.</u></b></p> <p>_____ Participant is not disabled, but is <i>requesting</i> a special meal or accommodation. An example may include a food intolerance. However, food preferences are not included as an example. <b><u>A licensed physician, physician's assistant, or registered nurse must sign this form.</u></b></p> <p>_____ Participant is <b>vegetarian</b>.</p>		

(7) Disability or medical condition requiring a special meal:

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(8) Diet prescription and/or accommodation: (Please describe in detail to ensure proper implementation):

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**Foods to be omitted and substitutions:** Please list specific foods to be omitted and suggest substitutions. You may use the back of this form for additional information.

<p><b>(9) Foods to be omitted:</b></p>	<p><b>(10) Suggested substitutions:</b></p>
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(11) Signature of Preparer*		
(12) Printed Name of Preparer	(13) Date	(14) Telephone Number
(15) Signature of Medical Authority*		
(16) Printed Name of Medical Authority	(17) Date	(18) Telephone Number

\*Physician's signature is required for meal changes to be made for participants with food allergies, intolerances or chronic diseases. For **vegetarian** meals, parent or guardian signature is required.