



Child Nutrition Medical Statement for Meal Modifications

LISA Academy Public Charter Schools Child Nutrition Department
10825 Financial Centre Pkwy, Little Rock, AR 72211 (501) 916-9450
sbuckman@lisaacademy.org or critton@lisaacademy.org

PART ONE – to be completed by the school

Student's Name	
Age / Grade	
Parent's Name(s)	
Daytime Phone	
Today's Date	
School (Campus) Name	
Print Physician's Name	
Physician's Office Number	

PART TWO – to be completed by a licensed physician or other healthcare professional with prescriptive authority in Arkansas

Dietary Restriction(s) <i>A brief explanation of the physical or mental impairment and how it affects the diet</i>	
Accommodation(s) Needed (Foods to be avoided) <i>May include, but is not limited to, food(s) to avoid or restrict, food(s) to substitute, caloric modifications, substitution of liquid nutritive formula, etc.</i>	
Substitution(s)	

If additional information, including nutrition education materials shared with the family, is available and/or necessary, please attach to this form or send to the school's Child Nutrition Manager.

Date

Signature of Licensed Physician