

Physician's Statement for Students with Special Dietary Needs*

Student's Name Tommy Tune		Age 10	
Name of School Winn-Dixie Elementary		Grade Level 4	Classroom DeVille
Does the child have a disability? If Yes, describe the major life activities affected by the disability.		Yes X	No
<p>Celiac disease, if not treated affects major life activities including but not limited to: physical activities such as walking and running; cognitive skills such as short-term memory, and recognition, concentration on tasks; as well as eating.</p>			
PART B			
List any dietary restrictions or special diet.			
<p>Tommy needs a gluten-free diet. No food products containing wheat, rye, barley and oats, or any derivative of these grains. Gluten-free foods must also be free from contamination from foods containing wheat or any of the grains previously noted.</p>			
List any allergies or food intolerances to avoid.			
<p>wheat, rye, barley and oats, or any derivative of these grains.</p>			
List foods to be substituted.			
<p>Gluten-free bread, pasta, cereal, buns, rolls, are to be substituted for wheat or other gluten containing bread or bread alternative at each meal.</p>			
List any special equipment or utensils that are needed.			
<p>Separate toaster, separate serving and cooking utensils. Preparation area free of gluten containing crumbs or flour.</p>			
Indicate any other comments about the child's eating or feeding patterns.			
<p>Surface area that gluten-free foods are prepared on or served must be cleaned of any gluten containing crumbs or flour.</p>			
Physician or Medical Authority's Signature		Date:	
<i>Dr. Alex Ferrorino</i>			

***This statement must be updated annually.**