



"A Community Passionate About Student Success"

25555 W Durango Street • Buckeye AZ 85326 • Phone 623-925-3400 • Fax 623-386-6063 • http://besd33.org

Medical Statement for Student with Special Dietary Needs

Please note:

This form is required for any menu substitutions or accommodations do to special dietary needs. Special diet requests can take 2-3 weeks to process. Please send a lunch with your child until you receive verification that your child's special diet request has been reviewed and accommodations can be made. Incomplete forms will be returned.



Bales Elementary
25400 W Maricopa Road
P: 623-847-8503
F: 623-327-0744



Buckeye Elementary
211 South 7th Street
P: 623-386-4487
F: 623-386-7901



Inca Elementary
23601 W Durango Street
P: 623-925-3500
F: 623-386-4690



Jasinski Elementary
4280 S 246th Avenue
P: 623-925-3100
F: 623-327-2708



Sundance Elementary
23800 W Hadley Street
P: 623-847-8531
F: 623-386-6049



WestPark Elementary
2700 S 257th Drive
P: 623-435-3282
F: 623-386-3398



BESD Preschool
604 Centre Avenue
P: 623-925-3333
F: 623-386-6219

Part 1 (filled out by parent/guardian):

Student Full Name: _____
Date of Birth: _____ Current Age: _____ Grade: _____
School Attending: _____ Homeroom Teacher: _____
Parent/Guardian Full Name: _____
Phone Number: _____ Email: _____

Part 1a (Diagnosis paper work attached)

If diagnosis paper work is attached from recognized medical authority, stop here no need for Part 2 below.

Parent/Guardian Signature must be obtained here to comply with Part 1a.

Parent/Guardian Signature: _____ Date: _____

Part 2 (filled out by Physician):

- This portion of the form must be signed by a recognized medical authority (physician, physician authority, nurse practitioner...)

Medical Diagnosis / Food Allergy / Chronic Disease, requiring diet modification: _____

Check the following regarding the child's medical condition:

- Life Threatening, Anaphylactic Allergy, Managed by child with moderate supervisio, Self-Controlled by child

Foods to be Omitted:

Suggested Foods for Substitution:

Medical Authority Name (print): _____ Phone: _____

Medical Authority Signature: _____ Date: _____

Once completed return to Food Service and School Health Assistant