



Southwest Leadership Academy
4301 W. Fillmore St.
Phoenix, AZ 85043

Telephone: 602-265-2000 ~ Fax 602-278-0953 ~ southwestleadershipacademy.com

Ms. Bridget Carrington, Superintendent

Ms. Christae Spivey, Principal

Medical Statement for Students with Special Dietary Accommodations

This form is used to request Dietary Accommodations in the U.S. Department of Agriculture (USDA) Child Nutrition Programs such as the National School Lunch Program, School Break Program, Aftercool Snack Program and Summer Food Service Program. Send completed forms to Yolonda Weathersby, Culinary Manager, at yolondajones_weathersby@rop.com.

Part 1: to be completed by a parent/guardian

Child's Name: _____ Birth Date: _____

School Name: _____ Child's Grade: _____

Student ID#: _____

Parent/Guardian Name: _____ Cell Phone: _____

SLA Vision: To develop well-rounded and responsible individuals who desire to achieve their full potential. We will accomplish this by having an organized and safe environment for learning. We strive to increase the mental and emotional well-being of our at-risk youth while increasing academic achievement.

SLA Mission: Southwest Leadership Academy is dedicated to improving academic achievement of at-risk students by providing an alternative educational program and supportive school environment that includes culturally relevant rigorous, academic and social skills instruction that leads to student success in school, in their lives and within their community.

THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER

RITE OF PASSAGE – SOUTHWEST LEADERSHIP ACADEMY

“Celebrating Thirty Years of Improving the Lives of Youth”

Part 2: To be completed by state licensed healthcare professionals*

*For purposes of Child Nutrition Programs, only a “Licensed Healthcare Professional” is permitted to complete and sign a medical statement for meal accommodations in the Child Nutrition Programs. The seven medical professionals listed are permitted to complete and sign a medical statement for meal accommodations in the Child Nutrition Programs administered in Arizona.

*HNS# 11-2015). Dentists, Homeopathic Physicians, Naturopathic Physicians, Nurse Practitioners, Osteopathic Physicians, Physician Assistants and Physicians.

A. List of foods/ingredients to be omitted from the diet.

B. Provide a brief explanation of how exposure to the food affects the child.

C. List of foods/ingredients that can be substituted into the diet to accommodate the dietary restrictions.

_____ This medical statement is **permanent**.

(This medical statement will remain in effect during the time the student is enrolled. A new medical statement will be required to change any aspect of information provided in this medical statement.)

_____ This medical statement is **temporary**.

(This medical statement will remain in effect for the current school year. A new medical statement will be required annually.)

Licensed Healthcare Professional Name: _____

Office Phone Number: _____

Licensed Healthcare Professional Signature: _____

Date: _____