

## Medical Statement to Request Special Meals and/or 504 Accommodations

***School be submitted with information from the parent/guardian and a licensed physician. This form needs to be completed in its entirety before any meal substitutions can be made for children with disabilities. The parent/guardian should review this form annually and initial and date if no changes are needed. Any changes***

***The completed form must be sent to:***

Food & Nutrition Services  
Kent School District  
12033 SE 256<sup>th</sup> Street  
Kent, WA. 98030

Phone: 253-373-7275  
Fax: 253-373-7840

(1) Name of Student	(2) Age or DOB	(3) Grade	(4) School
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