

## MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS

1. School District	2. School Name	3. Site Phone Number	
4. Name of Child	5. Student ID #	6. Date of Birth MM/DD/YY	
7. Name of Parent or Guardian	8. Phone Number	9. Will this student eat school lunch daily? (circle one) YES or NO	
10. Description of Child's Physical or Mental Impairment Affected:			
11. Explanation of Diet Prescription and/or Accommodation to Ensure Proper Implementation:			
12. Indicate Food Texture for Above Child:			
<input type="checkbox"/> Regular <input type="checkbox"/> Chopped <input type="checkbox"/> Ground <input type="checkbox"/> Pureed			
13. Foods to be Omitted and Appropriate Substitutions:			
<b>Foods To Be Omitted</b>		<b>Suggested Substitutions</b>	
14. Adaptive Equipment to be Used:			
15. Signature of State Licensed Healthcare Professional*	16. Printed Name	15. Phone Number	16. Date

**\*For this purpose, a state licensed healthcare professional in California is a licensed physician, a physician assistant, or a nurse practitioner.**

**The information on this form should be updated to reflect the current medical and/or nutritional needs of the participant.**

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## INSTRUCTIONS

1. **School:** Print the name of the school that is providing the form to the parent.
2. **Site:** Print the name of the school site where meals will be served.
3. **Site Phone Number:** Print the telephone number of site where meal will be served.
4. **Name of Child:** Print the name of the child to whom the information pertains.
5. **Age of Child:** Print the age of the child.
6. **Name of Parent or Guardian:** Print the name of the person requesting the child's medical statement.
7. **Phone Number:** Print the telephone number of parent or guardian.
8. **Description of Child's Physical or Mental Impairment Affected:** Describe how the physical or mental impairment restricts the child's diet.
9. **Explanation of Diet Prescription and/or Accommodation to Ensure Proper Implementation:** Describe a specific diet or accommodation that has been prescribed by the state healthcare professional.
10. **Indicate Texture:** If the participant does not need any modification, check "Regular".
11. **Foods to be Omitted:** List specific foods that must be omitted (e.g., exclude fluid milk).  
**Suggested Substitutions:** List specific foods to include in the diet (e.g., calcium-fortified juice).
12. **Adaptive Equipment to be Used:** Describe specific equipment required to assist the child with dining (e.g., sippy cup, large handled spoon, wheel-chair accessible furniture, etc.).
13. **Signature of State Licensed Healthcare Professional:** Signature of state licensed healthcare professional requesting the special meal or accommodation.
14. **Printed Name:** Print name of state licensed healthcare professional.
15. **Phone Number:** Telephone number of state licensed healthcare professional.
16. **Date:** Date state licensed healthcare professional signed form.

### **Citations are from Section 504 of the Rehabilitation Act of 1973, Americans with Disabilities Act (ADA) of 1990, and ADA Amendment Act of 2008:**

**A person with a disability** is defined as any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment.

**Physical or mental impairment** means (a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory; speech; organs; cardiovascular; reproductive, digestive, genito-urinary; hemic and lymphatic; skin; and endocrine; or (b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

**Major life activities** include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

**Major bodily functions** have been added to major life activities and include the functions of the immune system; normal cell growth; and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

**"Has a record of such an impairment"** means a person has, or has been classified (or misclassified) as having, a history of mental or physical impairment that substantially limits one or more major life activities.