

Medical Statement to Request Special Meals and/or Accommodations

1. School	2. Site Name	3. Site Phone Number																		
4. Name of Child	5. Student ID#	6. Date of Birth																		
7. Name of Parent/Guardian		8. Phone Number																		
9. Description of Child's Physical or Mental Impairment Affected:																				
10. Explanation of Diet Prescription and/or Accommodation:																				
11. Indicate When Special Meals Are Needed: <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> School Breakfast <input type="checkbox"/> School Lunch <input type="checkbox"/> Special Meals are Not Needed </div>																				
12. Indicate Food Texture for Above Child: <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> Regular <input type="checkbox"/> Chopped <input type="checkbox"/> Ground <input type="checkbox"/> Pureed </div>																				
13. Adaptive Equipment to be Used:																				
14. Foods to be Omitted and Appropriate Substitutions: <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="width: 50%; text-align: center;">Foods to Be Omitted</th> <th style="width: 50%; text-align: center;">Suggested Substitutions</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> Fluid Milk to Drink <input type="checkbox"/> All Dairy Products (cheese/yogurt/milk) </td> <td style="vertical-align: top; padding: 5px;">_____</td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> Wheat/Gluten <input type="checkbox"/> All Items Containing Milk as an Ing. </td> <td style="vertical-align: top; padding: 5px;">_____</td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> Whole Eggs <input type="checkbox"/> All Items Containing Eggs as an Ing. </td> <td style="vertical-align: top; padding: 5px;">_____</td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> Peanuts <input type="checkbox"/> Tree Nuts </td> <td style="vertical-align: top; padding: 5px;">_____</td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> Whole Soy (i.e.tofu) <input type="checkbox"/> All Items Containing Soy as an Ing. </td> <td style="vertical-align: top; padding: 5px;">_____</td> </tr> <tr> <td style="vertical-align: top; padding: 5px;">_____</td> <td style="vertical-align: top; padding: 5px;">_____</td> </tr> <tr> <td style="vertical-align: top; padding: 5px;">_____</td> <td style="vertical-align: top; padding: 5px;">_____</td> </tr> <tr> <td style="vertical-align: top; padding: 5px;">_____</td> <td style="vertical-align: top; padding: 5px;">_____</td> </tr> </tbody> </table>			Foods to Be Omitted	Suggested Substitutions	<input type="checkbox"/> Fluid Milk to Drink <input type="checkbox"/> All Dairy Products (cheese/yogurt/milk)	_____	<input type="checkbox"/> Wheat/Gluten <input type="checkbox"/> All Items Containing Milk as an Ing.	_____	<input type="checkbox"/> Whole Eggs <input type="checkbox"/> All Items Containing Eggs as an Ing.	_____	<input type="checkbox"/> Peanuts <input type="checkbox"/> Tree Nuts	_____	<input type="checkbox"/> Whole Soy (i.e.tofu) <input type="checkbox"/> All Items Containing Soy as an Ing.	_____	_____	_____	_____	_____	_____	_____
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_____	_____																			
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_____	_____																			
15. Signature of State Licensed Healthcare Professional*																				
16. Printed Name	17. Phone Number	18. Date																		

*The following state licensed healthcare professionals are permitted: licensed physicians, physician assistants, or nurse practitioners.

*This form is also considered valid with a certified digital signature.

The information on this form is required to reflect the current medical and/or nutritional needs of the child.

Instructions

1. **School:** Print the name of the school that is providing the form to the parent/guardian.
2. **Site:** Print the name of the site where meals will be served.
3. **Site Phone Number:** Print the phone number of site where meal will be served.
4. **Name of Child:** Print the name of the child to whom the information pertains.
5. **Student ID #:** Print the 7-digit Student ID # of the child
6. **Date of Birth of Child:** Print the date of birth of the child.
7. **Name of Parent/Guardian:** Print the name of the person requesting the child's medical statement.
8. **Phone Number:** Print the phone number of parent/guardian.
9. **Description of Child's Physical or Mental Impairment Affected:** Describe how the physical or mental impairment restricts the child's diet.
10. **Explanation of Diet Prescription and/or Accommodation:** Describe a specific diet or accommodation that has been prescribed by the state licensed healthcare professional.
11. **Indicate Participating School Meal Services:** If the child does not require a special meal, check "Special Meals Are Not Needed"
12. **Indicate Texture:** If the child does not need any modification, check "Regular".
13. **Adaptive Equipment to be Used:** Describe specific equipment required to assist the child with dining (e.g., sippy cup, large handled spoon, wheelchair accessible furniture, etc.).
14. **Foods to be Omitted:** List specific foods that must be omitted.
Suggested Substitutions: List specific foods to include in the diet.
15. **Signature of State Licensed Healthcare Professional:** Signature of state licensed healthcare professional requesting the special meal or accommodation.
16. **Printed Name:** Print name of state licensed healthcare professional.
17. **Phone Number:** Phone number of state licensed healthcare professional.
18. **Date:** Date state licensed healthcare professional signed the form.

Definitions

Disability means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment.

Physical or mental impairment means, any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more body systems, such as: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, immune, circulatory, hemic, lymphatic, skin, and endocrine; or any mental or psychological disorder such as intellectual disability, organic brain syndrome, emotional or mental illness, and specific learning disability.

Physical or mental impairment includes, but is not limited to, contagious and noncontagious diseases and conditions such as the following: orthopedic, visual, speech, and hearing impairments, and cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disability, emotional illness, dyslexia and other specific learning disabilities, Attention Deficit Hyperactivity Disorder, Human Immunodeficiency Virus infection (whether symptomatic or asymptomatic), tuberculosis, drug addiction, and alcoholism.

Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, writing, communicating, interacting with others, and working; and the operation of a major bodily function.

Major bodily function includes, the operation and functions of the immune system, special sense organs and skin, normal cell growth, and digestive, genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal, and reproductive systems. The operation of a major bodily function includes the operation of an individual organ within a body system.

USDA Nondiscrimination Statement

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To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form (PDF), from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
2. fax: 833-256-1665 or 202-690-7442; or
3. email: program.intake@usda.gov

This institution is an equal opportunity provider.