



Child Nutrition Programs

Medical Statement to Request Special Meals and/or Accommodations

A recognized Medical Authority (*for disability, allergy or food intolerance*) must fill out a Medical Statement to Request Special Meals and/or Accommodations form and return it to the school, child or adult care facility/provider. Agencies have an obligation to provide alternate foods to those participants who have a disability, but are not required to provide food substitutions to those participants who are not disabled, but rather have food allergies. The two categories are listed below.

Participants with Disabilities

USDA Regulations require substitutions or modifications in child nutrition meals for children whose disabilities restrict their diet.

Participants with other special dietary needs

USDA Regulations allow for substitutions for those participants in a USDA Child Nutrition Program who are unable, because of medical or other special dietary needs, to consume foods that are being provided to the other participants.

Definitions:

“A person with a disability” is defined as any person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such 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, including 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, specific learning disabilities.

“Major life activities” are defined as “functions such as caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. As amended by the ADAAA, Major Life Activities now also includes “Major Bodily Functions” such as: “functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, and reproductive functions.”

“Has a record of such an impairment” is defined as having a history of, or have been classified (or misclassified) as having a mental or physical impairment that substantially limits one or more major life activities.

“Recognized Medical Authority” means state recognized medical professional with prescriptive authority such as, licensed physician, physician’s assistant, or nurse practitioner.

The medical statement shall identify:

- The participant’s disability or medical condition with an explanation of why the disability restricts the participant’s diet;
- The major life activity affected by the disability;
- The specific diet or accommodation that has been prescribed by the medical authority. For example: “All foods must be in liquid or pureed form. Participant cannot consume any solid foods.”
- The type of texture of food that is required,
- The specific foods that must be omitted and suggested substitutions
- The specific equipment required to assist the participant with dining. Examples might include a sippy cup, a large handled spoon, wheel-chair accessible furniture, etc.

Citations: Rehabilitation Act of 1973, Section 504; 7 CFR Part 15b; 7 CFR Sections 210.10(i)(1), 210.23(b); 215.14, 220.8(f), 225.16(f)(4), and 226.20(h); FNS Instructions 783-2, Rev. 2 and 784-3. “USDA and the State of Alaska are equal opportunity providers and employers”



Child Nutrition Programs
Medical Statement to Request
Special Meals and/or Accommodations

Please fax form to
School or Child Care Provider
School or Child Care Provider
Fax Number: _____

***Form must be signed by state recognized medical professional with prescriptive authority such as, licensed physician, physician's assistant, or nurse practitioner. Parent/legal guardian signature is acceptable for fluid milk substitution for a child with special medical or dietary needs other than a disability.**

1. School/Agency Name	2. Site Name	3. Site Telephone Number	
4. Name of Participant		5. Age or Date of Birth	
6. Name of Parent or Guardian		7. Telephone Number	
<p>8. Check One:</p> <p><input type="checkbox"/> Participant has a disability or a medical condition and <i>requires</i> a special meal or accommodation. (Refer to instructions on reverse side of this form.) Schools and agencies participating in federal nutrition programs must comply with requests for special meals and any adaptive equipment.</p> <p><input type="checkbox"/> Participant does not have a disability, but is requesting a special meal or accommodation due to food intolerance(s) or other medical reasons. Food preferences are not an appropriate use of this form. Schools and agencies participating in federal nutrition programs are encouraged to accommodate reasonable requests.</p> <p><input type="checkbox"/> Participant does not have a disability, but is requesting a special accommodation for a fluid milk substitute that meets the nutrient standards for non-dairy beverages offered as milk substitutes. Food preferences are not an appropriate use of this form. Schools and agencies participating in federal nutrition programs are encouraged to accommodate reasonable requests. <i>Parent or guardian may check this box and sign the form.</i></p>			
9. Disability or medical condition requiring a special meal or accommodation:			
10. If participant has a disability, provide a brief description of participant's major life activity affected by the disability:			
11. Diet prescription and/or accommodation: <i>(please describe in detail to ensure proper implementation-use extra pages as needed)</i>			
12. Foods to be omitted and substitutions: <i>(please list specific foods to be omitted and suggested substitutions. You may attach a sheet with additional information as needed)</i>			
A. Foods To Be Omitted		B. Suggested Substitutions	
_____		_____	
_____		_____	
_____		_____	
13. Indicate texture: <input type="checkbox"/> Regular <input type="checkbox"/> Chopped <input type="checkbox"/> Ground <input type="checkbox"/> Pureed			
14. Adaptive Equipment:			
15. Signature of Preparer*	16. Printed Name	17. Telephone Number	18. Date
19. Signature of Medical Authority*	20. Printed Name	21. Telephone Number	22. Date

REQUEST for SPECIAL MEALS AND/OR ACCOMMODATIONS

INSTRUCTIONS

1. **School/Agency:** Print the name of the school or agency that is providing the form to the parent.
2. **Site:** Print the name of the site where meals will be served (e.g., school site, child care center, community center, etc.)
3. **Site Telephone Number:** Print the telephone number of site where meal will be served. See #2.
4. **Name of Participant:** Print the name of the child or adult participant to whom the information pertains.
5. **Age of Participant:** Print the age of the participant. For infants, please use Date of Birth.
6. **Name of Parent or Guardian:** Print the name of the person requesting the participant's medical statement.
7. **Telephone Number:** Print the telephone number of parent or guardian.
8. **Check One:** Check (✓) a box to indicate whether participant has a disability or does not have a disability.
9. **Disability or Medical Condition Requiring a Special Meal or Accommodation:** Describe the medical condition that requires a special meal or accommodation (e.g., juvenile diabetes, allergy to peanuts, etc.)
10. **If Participant has a Disability, Provide a Brief Description of Participant's Major Life Activity Affected by the Disability:** Describe how physical or medical condition affects disability. For example: "Allergy to peanuts causes a life-threatening reaction."
11. **Diet Prescription and/or Accommodation:** Describe a specific diet or accommodation that has been prescribed by a physician, or describe diet modification requested for a non-disabling condition. For example: "All foods must be either in liquid or pureed form. Participant cannot consume any solid foods."
12. **Indicate Texture:** Check (✓) a box to indicate the type of texture of food that is required. If the participant does not need any modification, check "Regular".
13. **A. Foods to Be Omitted:** List specific foods that must be omitted. For example, "exclude fluid milk."
B. Suggested Substitutions: List specific foods to include in the diet. For example, "calcium fortified juice."
14. **Adaptive Equipment:** Describe specific equipment required to assist the participant with dining. (Examples may include a sippy cup, a large handled spoon, wheel-chair accessible furniture, etc.)
15. **Signature of Preparer:** Signature of person completing form.
16. **Printed Name:** Print name of person completing form.
17. **Telephone Number:** Telephone number of person completing form.
18. **Date:** Date preparer signed form.
19. **Signature of Medical Authority:** Signature of medical authority requesting the special meal or accommodation.
20. **Printed Name:** Print name of medical authority.
21. **Telephone Number:** Telephone number of medical authority.
22. **Date:** Date medical authority signed form.

The American with Disabilities Act Amendment Act defines a "disability", in part, as a physical or mental impairment that substantially limits a major bodily function of an individual.

(For additional information on the definition of disability, please refer to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act Amendments Act of 2008)

Information regarding the ADAAA, which expanded the definition of disability, can be found at:
<http://www.law.georgetown.edu/archiveada/documents/comparisonofADAandADAAA.pdf>

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

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