MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS

PLEASE COMPLETE THE FOLLOWING:

1. School	2. Site Name, if different from #1.	3. Site Telephone Number
4. Name of Child		5. Date of Birth
6. Name of Parent or Guardian		7. Telephone Number

8. Check One:

☐ Participant has a disability or a medical condition and *requires* 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 disabilities. **A registered dietitians (RN) and licensed healthcare professionals must sign this form.**

☐ 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. **A registered dietitians (RN) and licensed healthcare professionals must sign this form.**

☐ Participant does not have a disability, but is *requesting* a special accommodation for religious or lifestyle preference or a fluid milk substitute that meets the nutrient standards for non-dairy beverages offered a milk substitute. Food preferences are not an appropriate use of this form. Schools and agencies participating in federal nutrition programs are encouraged to accommodate reasonable requests. **Parent / guardian may check this box and sign the form.**

9. Description of Physical or Mental Impairment Disability or medical condition requiring a special meal or accommodation:

10. Provide a brief description of what will happen if the child comes in contact with the food(s) to be omitted:

11. Diet prescription and/or accommodation: (*please describe in details to ensure proper implementation, use extra pages as needed*)

12. Foods to be omitted and recommended substitutions: (*please list specific foods to be omitted and recommended substitutions; you may attach a sheet with additional information as needed*)

A. Foods To Be Omitted	B. Suggested Substitutions

13. Indicate texture and list foods that require a change in texture.

☐ **Regular** ☐ **Chopped**: _____ ☐ **Ground**: _____ ☐ **Pureed**: _____

14. Adaptive Equipment (ex sippy cup, large handled spoon, wheel-chair accessible furniture):

15. Signature of Parent/ guardian*	16. Printed Name	17. Telephone Number	18. Date
19. Signature of Medical Authority*	20. Printed Name	21. Telephone Number	22. Date

*** A registered dietitians (RN) or licensed healthcare professionals' signature is required for participants with a disability. Parent/legal guardian signature is acceptable for religious/lifestyle preference and fluid milk substitution for a child with special medical or dietary needs other than a disability.** The information on this form should be updated to reflect the current medical and/or nutritional needs of the participant

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 participant to whom the information pertains.
5. **Date of Birth of Participant**: Print the date of birth of the participant.
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. 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. 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 non-dairy milk"
13. **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".
14. **Adaptive Equipment**: Described specific equipment required to assist the participant with dining.
15. **Signature of Parent or guardian**: Signature of parent or guardian completing form.
16. **Printed Name**: Print name of parent or guardian completing form.
17. **Telephone Number**: Telephone number of parent or guardian completing form.
18. **Date**: Date parent or guardian 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 signed form.
22. **Date**: Date medical authority signed form.

NONDISCRIMINATION STATEMENT (Link: https://www.fns.usda.gov/civil-rights/nds)

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

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This form provides a template for requests for special meals and/or accommodation for children participating in the U.S. Department of Agriculture's (USDA) School Nutrition Programs, which include schools and sites. Schools and agencies are *required* to make reasonable substitutions to meals and/or snacks on a case-by-case basis for participants who are considered to have a disability that restricts their diet. According to the **American with Disabilities Act Amendment Act**, most physical and mental impairments that substantially limit or affect one or more major life activities or bodily functions will constitute a disability.

Schools and agencies are *encouraged* but not required to accommodate special dietary requests that not a disability. This includes requests related to religious or moral convictions or personal preferences (i.e. vegan or vegetarian). **If these requested are accommodated, schools and agencies must ensure that all USDA meal patterns and nutrient requirements are met.**

Medical Statement Requirement: The USDA requires that the medical statements to support meal modification requests for food allergies or other medical conditions include: 1) information about the child's physical or mental impairment that is sufficient to allow the schools and agencies to understand how the impairment restricts the child's diet; 2) an explanation of what must be done to accommodate the child's disability; and 3) if appropriate, the food or foods to be omitted and recommended alternatives. **Schools and agencies should not deny or delay a requested meal modification because the medical statement does not provide sufficient information.** When necessary, schools and agencies should work with the child's parent or guardian to obtain the required information. While obtaining additional information, the schools and agencies should follow the portion of the medical statement that is clear and unambiguous to the greatest extent possible.

School Responsibilities

- Schools should not engage in determining whether an identified condition qualifies as a 'disability' and should instead focus on working with families on identifying reasonable modifications.
- Additional costs cannot be charged to parents and parents cannot be required to provide their own meal modification, however, parents may elect to provide one or more food items as part of a meal modification if mutually agreed upon by the family and the center and supported by appropriate documentation.
- Provisions for meeting special dietary needs should be included in contracts with vendors and Food Service Management Companies.
- Food service is not required to provide the exact food substitute as listed on the medical statement.
- Schools should continue to provide some form of reasonable modification, even when they are in disagreement with parents as to the best course of action.
- Families must be made aware of the ability to request meal modifications.

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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.

"Licensed healthcare professional" is defined as an individual who is authorized to write medical prescriptions under State law **(7 CFR 210.2 and 226.2)**. This may include, but is not limited to, a licensed physician, nurse practitioner, or physician assistant, depending on State and local law. Program operators should contact their State or local agency with any questions about which professions are included in this definition within their State.

"Registered Dietitian (RN)" or "Registered Dietitian Nutritionist (RND)" are equivalent credentials. Both are nutrition healthcare practitioners, credentialed by the Commission on Dietetic Registration. RDs and RDNs are required to complete specific educational requirements, from an accredited dietetics program, including a supervised practice requirement; pass a national exam; and continue learning through ongoing education. In addition to RD/RDN credentialing, many States have regulatory laws and licensure requirements for RDs.

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.

The American with Disabilities Act Amendment Act defines a "disability," in part, as a physical or mental impairment that substantially limits one or more major life activities, including major bodily functions 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 Amendment Act of 2008).

Information regarding the ADAAA, which expanded the definition of disability, can be found at:
https://www.eeoc.gov/laws/regulations/adaaa_fact_sheet.cfm.

More Information about ADA Amendments Act of 2008 Frequently Asked Questions:
https://www.dol.gov/agencies/ofccp/faqs/americans-with-disabilities-act-amendments
https://archive.ada.gov/nprm_adaaa/adaaa-nprm-qa.htm.

What Defines a Dietary Preference?

Dietary preferences are not considered medical conditions or disabilities and do not need to be accommodated.
These could include:

- Personal lifestyle choices (such as vegan, vegetarian, or organic)
- Religious choices (such as eliminating pork, beef, or eggs)
- General health concerns (such as a preference that a child eat a gluten-free diet because a parent believes itis better for the child)

If Schools/sites choose to accommodate a request due to a dietary preference, then they must ensure all meal pattern requirements are met for the meal to be eligible for reimbursement.