

MEDICAL STATEMENT FOR SPECIAL MEALS AND/OR ACCOMMODATIONS

The following forms are sample medical statements for food substitutions or modifying meals.

Note: Families may also obtain a detailed letter from the student's physician identifying all of the items below in a–e.

United States Department of Agriculture (USDA) Regulations:

For schools participating in a federally-funded school nutrition program, USDA regulations 7 CFR Part 15b require substitutions or modifications in school meals for students whose disabilities restrict their diets. A student with a disability or medical condition must be provided substitutions in foods when that need is supported by a statement signed by a licensed physician. A physician is a person licensed by the State to practice medicine. The term includes physicians or doctors of osteopathic medicine. These fully trained physicians are licensed by the State to prescribe medication or to perform surgery. The physician's statement must identify:

- a. The student's disability or medical condition
- b. An explanation of why the disability restricts the student's diet
- c. The major life-activity affected by the disability
- d. List the food or foods to be omitted from the student's diet
- e. List the food or choice of foods that must be substituted

Definitions¹

USDA FNS Instruction 783-2, 7 CFR Part 15b

Disability: Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act, "person with a disability" means 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 impairment.

"Physical or mental impairment:" means (1) 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, genitourinary, hemic and lymphatic skin and endocrine; or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term "physical or mental impairment" includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments; cerebral palsy; epilepsy; muscular dystrophy; multiple sclerosis; cancer; heart disease; metabolic diseases such as diabetes and phenylketonuria (PKU); food anaphylaxis; mental retardation; emotional illness; and drug addiction and alcoholism.

Major life activities: are defined as caring for one's self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

USDA regulations have not been amended to reflect the ADA Amendments Act. Regulation will be updated by Department of Agriculture (196 section 131).

¹ USDA Accommodating Children with Special Dietary Needs in the School Nutrition Programs, fns.usda.gov/cnd/guidance/special_dietary_needs.pdf

MEDICAL STATEMENT FOR STUDENTS REQUIRING SPECIAL MEALS AND/OR ACCOMMODATIONS

Please note: This statement must be updated when there is a change or discontinuance of a diet order.

Student's name _____ **Birth date** _____ **Gender** M F

School attended _____ **Grade** _____

Parent/guardian name _____ **Home phone** _____

Work phone _____ **Cell phone** _____

I hereby give permission for the school staff to follow the stated nutrition plan below. I give my permission for School Nutrition services to contact the doctor named below with any questions related to my child's nutrition requirements and share such information with appropriate school staff.

PARENT/GUARDIAN SIGNATURE

DATE

FOR PROVIDERS'S USE ONLY (TO BE COMPLETED BY A LICENSED HEALTHCARE PROVIDER)

Indicate student's disability or medical condition (including allergies) requiring the student to need a special diet.

Check major life activities affected by the student's disability or medical condition.

- Caring for self Eating Performing manual tasks Walking Seeing Hearing
Speaking Breathing Learning Working Other _____
Major bodily function (i.e. immune system, neurological, respiratory, circulatory, endocrine, & reproductive functions)

Diet prescription (check all that apply)

- Food allergy (please specify all) _____
Diabetic (attach meal plan) _____ Calorie level (attach meal plan) _____
Other (describe) _____

OMITTED FOODS/BEVERAGES

ALLOWED SUBSTITUTIONS

OMITTED FOODS/BEVERAGES	ALLOWED SUBSTITUTIONS

** If milk allergy listed above in the omitted box, please specify fluid milk substitution: _____

*** If lactose intolerance, please specify one of the following:

- No fluid milk only (may have cheese, yogurt, pudding, ice cream, etc.)
 No milk products (no fluid milk, yogurt, cheese, pudding, ice cream, etc.)
 No milk products and no products prepared with milk (i.e., no breads, desserts, or other products prepared with milk)

Healthcare provider's name (please print) _____ **Office phone** _____

HEALTHCARE PROVIDER'S SIGNATURE

DATE

Student's name _____

School attended _____

Additional comments or instructions

United States Department of Agriculture

Food and Nutrition Service Instruction 783-2

7 CFR Part 15b

Section 504 of the *Rehabilitation Act of 1973* mandates that "no otherwise qualified individual with a disability shall solely by reason of his or her disability be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program (school) or activity receiving Federal financial assistance."

"Disabled person" means 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 impairment.

"Physical or mental impairment" means (1) any physiological disorder or condition, cosmetic disfigurement or anatomical loss affecting one or more of the following body systems: Neurological, musculoskeletal, special sensory organs, respiratory, including speech organs, cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic skin, and endocrine or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term "physical or mental impairment" includes, but is not limited to such diseases as orthopedic, visual, speech, and hearing impairments; cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, drug addiction, and alcoholism.

"Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.