

MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS

1. School Name	2. Parent/Guardian Email								
3. Name of Child or Participant		4. Date of Birth							
5. Name of Parent or Guardian		6. Parent/Guardian Phone Number							
7. Description of Child or Participant's Physical or Mental Impairment Affected:									
8. Explanation of Diet Prescription and/or Accommodation to Ensure Proper Implementation:									
9a. DAIRY: Check ONE of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Lactose Intolerance <u>Non-Severe</u>: Highly limit lactose or foods containing lactose. Cross-contamination OK. <input type="checkbox"/> Lactose Intolerance <u>Severe</u>: Strict omission of all dairy products (fluid milk, cheese, yogurt, butter & milk solids). NO cross-contamination. <input type="checkbox"/> Dairy Allergy: Strict omission of all dairy products (fluid milk, cheese, yogurt, butter & milk solids). NO cross-contamination <input type="checkbox"/> Other (please explain and specify foods to omit): 									
9b. GLUTEN: Check ONE of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Strict avoidance of gluten and gluten particles. NO cross-contamination (i.e. Celiac) <input type="checkbox"/> Gluten Intolerant. Cross-contamination OK. 									
9c. EGG: Check ONE of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Strict avoidance <input type="checkbox"/> Baked-In OK <input type="checkbox"/> Other (please explain and specify foods to omit): 									
9d. ARFID: Foods to be avoided: Student Preferences:									
10. Indicate Food Texture Required: <table style="width: 100%; text-align: center; border: none;"> <tr> <td style="width: 25%;">Regular</td> <td style="width: 25%;">Chopped</td> <td style="width: 25%;">Ground</td> <td style="width: 25%;">Pureed</td> </tr> </table>				Regular	Chopped	Ground	Pureed		
Regular	Chopped	Ground	Pureed						
11. Foods to be Omitted and Appropriate Substitutions: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Foods To Be Omitted</td> <td style="width: 50%; text-align: center;">Suggested Substitutions</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>				Foods To Be Omitted	Suggested Substitutions	_____	_____	_____	_____
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_____	_____								
_____	_____								
12. Signature of State Licensed Healthcare Professional*	13. Printed Name	14. Phone Number	15. Date						

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

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

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.

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, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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 Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3027) found online at <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, 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
Washington, D.C. 20250-9410;
 - (2) fax: 202-690-7442; or
 - (3) email: program.intake@usda.gov
- This institution is an equal opportunity provider.

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