

Medical Statement to Request Special Meals, Accommodations, and Milk Substitutions

1. School/Agency	2. Site	3. Site Manager & Telephone Number													
4. Name of Student		5. Age or Grade													
6. Name of Parent or Guardian		7. Telephone Number													
8. Check One Box: ☐ Student has a <u>disability</u> which <i>requires</i> a special meal or accommodation. (Refer to definitions on reverse side of this form.) <i>A licensed Medical Physician (M.D.), Physician Assistant (P.A.), Osteopathic Physician (D.O.), Advance Practice Registered Nurse (A.P.R.N.), Naturopathic Physician (N.D. or N.M.D.) must sign this form.</i> ☐ Student <u>does not have a disability</u>, 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 <i>may</i> accommodate reasonable requests. <i>A licensed medical physician, physician's assistant, registered nurse, nurse practitioner, or registered dietitian must sign this form.</i> ☐ The student <u>does not have a disability</u>. A fluid milk substitution is being requested for the student. Schools and agencies participating in federal nutrition programs <i>may</i> choose to accommodate this request by providing a USDA approved fluid milk substitute. <i>A licensed medical physician, physician's assistant, registered nurse, nurse practitioner, registered dietitian, parent, or guardian must sign this form.</i>															
9. State the disability or medical condition requiring a special meal, accommodation, or fluid milk substitute.															
10. If student has a disability, provide a brief description of the major life activity affected by the disability.															
11. Diet prescription and/or accommodation: (Please describe in detail to ensure proper implementation.)															
12. Indicate texture: ☐ Regular ☐ Chopped ☐ Ground ☐ Pureed															
13. Specific foods to be omitted and substituted. You may attach a sheet with additional information. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%; text-align: center; vertical-align: top;">A. Foods to be Omitted:</td> <td style="width: 50%; text-align: center; vertical-align: top;">B. Foods to be Substituted:</td> </tr> <tr><td style="height: 30px;"></td><td></td></tr> <tr><td style="height: 30px;"></td><td></td></tr> <tr><td style="height: 30px;"></td><td></td></tr> <tr><td style="height: 30px;"></td><td></td></tr> <tr><td style="height: 30px;"></td><td></td></tr> </table>				A. Foods to be Omitted:	B. Foods to be Substituted:										
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14. Adaptive Equipment Needed:															
15. Signature of Preparer	16. Printed Name	17. Telephone Number	18. Date												
19. Signature of Medical Authority and Credentials	20. Printed Name	21. Telephone Number	22. Date												
23. To be completed by the LEA/School: ☐ Additional information needed ☐ Approves request ☐ Denies request															
LEA Comments:															

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Instructions

This form must be kept on file at the school site. The following instructions are provided to assist in completing this form. If you have specific questions, please contact the Utah State Board of Education Child Nutrition Program at (801) 538-7755.

8. Check One: Check (v) a box to indicate whether a participant has a disability, non-disability, or need for a fluid milk substitute. The appropriate authority must sign based on the request.

9. State Disability or medical condition requiring a special meal, accommodation, or fluid milk substitute: Describe the medical condition that requires a special meal, accommodation, or fluid milk substitute (e.g., juvenile diabetes, allergy to peanuts, PKU, etc.)

10. If Student has a disability, provide a brief description of the major life activity affected by the disability: Describe how the physical or medical condition affects the 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 the 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 (v) a box to indicate the type of food texture required. If no texture modification is needed, check regular.

13. Specific foods to be omitted and substituted: List specific foods to be omitted and substituted. Attach a sheet with additional information if needed.

Foods to be Omitted: List specific foods to be omitted. For example, "peanut butter"

Foods to be Substituted: List specific foods to be substituted. For example, "peanut free soy butter or sunflower butter."

14. Adaptive Equipment Needed: Describe specific equipment required to assist the participant with dining. Examples could include: Sippy cup, large handled spoon, wheel-chair accessible furniture, etc.

19. Signature of Medical Authority and Credentials: The State of Utah recognizes the following as licensed medical authorities (SP 32-15), Physician (M.D.), Physician Assistant (P.A.), Osteopathic Physician (D.O.), Advance Practice Registered Nurse (A.P.R.N.), Naturopathic Physician (N.D. or N.M.D.)

Definitions

A Person with a Disability- any person who has a physical or mental impairment which substantially limits one or more major life activities or major bodily functions, has a record of such impairment, or is regarded as having such an impairment.

Physical or Mental Impairment-(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, genitor-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-functions such as caring for one's self, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. **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.

Record of Impairment-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.

USDA Guidelines for Accommodating Special Dietary Needs

Disability-Schools and agencies participating in federal nutrition programs **must** comply with requests for special dietary meals and any adaptive equipment with a documented disability and completed request form.

Non-disability-Schools and agencies participating in federal nutrition programs **may** comply with requests for non-disabling medical conditions. Accommodations will be made on a case-by-case basis. However, if accommodations are made for a specific medical condition, complete requests for the same medical condition must be accommodated.

Fluid Milk Substitutions-Fluid milk substitutions apply to non-disability requests. Schools and agencies participating in federal nutrition program **may** accommodate complete requests with a USDA approved non-milk equivalent. If accommodations are made for one student requesting a fluid milk substitute, accommodations must be made for all students requesting a fluid milk substitute. (USDA FNS, Guidance Related to the ADA Amendments Act, NSLP Bulletin 36-2013, Retrieved 5/12/2014.