

**Medical a e e Reques pecial Meals, Acc da i s, a d Milk ubs i u i s**

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	
<p>8. Check One Box: <input type="checkbox"/> 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</i> must sign this form.</p> <p><input type="checkbox"/> 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</i> must sign this form.</p> <p><input type="checkbox"/> 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</i> must sign this form.</p>			
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: <input type="checkbox"/> Regular <input type="checkbox"/> Chopped <input type="checkbox"/> Ground <input type="checkbox"/> Pureed			
13. Specific foods to be omitted and substituted. You may attach a sheet with additional information.			
A. Foods to be Omitted		B. Foods to be Substituted	
<hr/>		<hr/>	
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: <input type="checkbox"/> Additional information needed <input type="checkbox"/> Approves request <input type="checkbox"/> Denies request			
LEA Comments:			

## Medical Dietary Request Special Meals, Accommodations, and Fluid Milk Substitutions

### Instructions

This form is used to request special meals, accommodations, or fluid milk substitutions for a child in a school setting. The following instructions are provided to assist in completing this form. If you have specific questions, please contact (name) at (phone).

**8. Check One:** Check ( ) a box to indicate whether the participant has a disability, non-disability, or not for a fluid milk substitution. The appropriate answer will be signed on the request form.

**9. Dietary Disability or Medical Condition Requiring a Special Meal, Accommodation, or Fluid Milk Substitution:** Describe the medical condition that requires a special meal, accommodation, or fluid milk substitution (e.g., juvenile diabetes, allergy to peanut, PKU, etc.)

**10. If a child has a disability, provide a brief description of the daily life activity affected by the disability:** Describe how the physical or medical condition affects the disability. For example, "Allergy to peanut 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 modification required for a non-disabling condition. For example, "All foods served in liquid or powdered form. Participant cannot consume any solid foods."

**12. Dietary Exclusion:** Check ( ) a box to indicate the type of food to be restricted. If no restriction is needed, check the "None" box.

**13. Specific Foods to be Included or Excluded: List specific foods to be included or excluded. Attach a sheet with additional information if needed.**

**Foods to be Included:** List specific foods to be included. For example, "peanut butter"

**Foods to be Excluded:** List specific foods to be excluded. For example, "peanut butter or soy sauce."

**14. Adaptive Equipment Needed:** Describe specific equipment needed to assist with participation with dining. Examples include: Sippy cup, large handled spoon, wheelchair-accessible table, etc.

### Definitions

**Person with a Disability-**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-**(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, walking, seeing, hearing, speaking, breathing, learning, and working.

**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.

**\*Citations from Section 504 of the Rehabilitation Act of 1973**

### UDA 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.