

MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS

1. School or Agency	2. Site Name	3. Site Phone Number	
4. Name of Child or Participant		5. Age or Date of Birth	
6. Name of Parent or Guardian		7. Phone Number	
8. Description of Child or Participant's Physical or Mental Impairment Affected:			
9. Explanation of Diet Prescription and/or Accommodation to Ensure Proper Implementation:			
10. Indicate Food Texture for Above Child or Participant:			
☐ Regular ☐ Chopped ☐ Ground ☐ Pureed			
11. Foods to be Omitted and Appropriate Substitutions:			
Foods To Be Omitted		Suggested Substitutions	
12. Adaptive Equipment to be Used:			
13. Signature of State Licensed Healthcare Professional*	14. Printed Name	15. Phone Number	16. Date

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

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

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**HANFORD ELEMENTARY SCHOOL DISTRICT (HESD)
SPECIAL MEALS AND/OR ACCOMODATIONS**

SECTION II:

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

Name of Student		Age	
Parent Name		Telephone	
School		ID Number	

Meeting Determination

A meeting is being held to discuss the dietary needs of your child. The team has reviewed the request and determined the following:

- ☐ Student is eligible for 504 Meal Accommodations due to the **severe life-threatening** nature of the food allergy and accommodations will be made in the manner outlined, effective _____ (date). Meetings will be scheduled annually.
- ☐ Student is eligible for 504 Meal Accommodations; although, the food allergy is not life threatening. The team agrees meal accommodations are necessary and will be made in a manner outlined, effective _____ (date). Meetings will be scheduled annually.
- ☐ HESD will provide food substitutions as outlined; although, the food allergy is not life-threatening, effective _____ (date). An annual meeting is not necessary. A meeting will be scheduled if the parent notifies the school of any changes to the child's needs. If food substitutions are to be discontinued, the parent must submit SCH 217a and a meeting is not required.
- ☐ HESD will provide a variety of foods the student can choose from as to avoid any food allergies (offer vs. serve). An annual meeting is not necessary. A meeting will be scheduled if the parent notifies the school of any changes to the child's needs.

Team Members

Signatures	Date	Title
		Parent/Guardian
		Parent/Guardian
		Administrator
		Teacher
		School Nurse
		Food Services Representative

☐ I have received a copy of my procedural safeguards/rights.

504 ONLY

☐ I approve of this 504 Assessment Team determination in regards to identification, evaluation, and accommodations.

☐ I disapprove of the section(s) I initialed; however, I understand that the accommodations described will be implemented while negotiating my concerns.

Parent/Guardian Signature(s)

Date

SCH 217b 8/2018

Copies: Parent / Cumulative Folder / Health Services / Food Services / Special Services / Teacher / READY Program