

Salem-Keizer Public Schools

Medical Meal Accommodation Request

Federal law and USDA regulation requires Child Nutrition Programs to make reasonable modifications to accommodate children with disabilities. Under the law, a disability is an impairment which substantially limits a major life activity or bodily function, which can include allergies and digestive conditions, but does not include personal dietary preferences.

School Location/Classroom:

Submit Form To:

Food_service@salkeiz.k12.or.us

Name of Participant:

Student ID Number:

Name of Parent/Guardian:

Parent/Guardian Phone Number:

1. **Describe** the bodily function or major life activity that requires a meal substitution:

2. What foods are to be **omitted** or **avoided** - select all that apply:

- | | | | |
|--|---|---------------------------------|------------------------------------|
| <input type="checkbox"/> Dairy | <input type="checkbox"/> Soy (Except Soy Oil) | <input type="checkbox"/> Wheat | <input type="checkbox"/> Shellfish |
| <input type="checkbox"/> Milk | <input type="checkbox"/> Peanuts | <input type="checkbox"/> Gluten | <input type="checkbox"/> Sesame |
| <input type="checkbox"/> Eggs | <input type="checkbox"/> Tree Nuts | <input type="checkbox"/> Fish | |
| <input type="checkbox"/> Other (please note on lines provided below) | | | |

3. What are the suggested **substitutions** and/or **recommended alternatives** - select all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Lactose Free Milk | <input type="checkbox"/> Gluten-free Items |
| <input type="checkbox"/> Soy Milk | <input type="checkbox"/> Wheat-free Items |
| <input type="checkbox"/> Dairy-Free Items | <input type="checkbox"/> No Substitution/Alternative Needed |
| <input type="checkbox"/> Sunbutter/Sunflower Seeds | <input type="checkbox"/> Other (please note on lines provided below) |

Signature of State Licensed Health Care Professional:

Printed Name:

Date:

Signature:

To be completed by Salem-Keizer Public Schools Only

Accommodation(s) Made:

SKPS Nutrition Services Representative Signature:

Date:

Salem-Keizer Public Schools

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Instructions for completing the Medical Meal Accommodation Request:

- 1) **School Location/Classroom:** Include the name of the school that the participant attends.
If the participant is in Pre-K, include the classroom in which the student will be located.
- 2) **Name of the participant:** Print the first and last name of the child for this accommodation
- 3) **Student ID number:** Print the ID number that is assigned to the child
- 4) **Name of Parent/Guardian:** Print the name of the adult who is legally responsible for the child
- 5) **Parent/Guardian Phone Number:** Include a phone number for the parent/guardian for questions
- 6) **Describe:** The bodily function or major life activity that restricts the students diet and requires a meal accommodation.
- 7) **Omitting/Avoiding:** check any and all boxes of items that should be taken out of the students diet. If there are any items that need to be avoided that are not listed, check 'other' and write in the item that needs to be omitted.
- 8) **Substitutions/Alternatives:** check any and all boxes of appropriate substitutions or alternatives for items being omitted/avoided that were noted in the previous question. If a substitution or alternative is not needed, mark the box next to "No Substitution/Alternative Needed". If "other", write in the items that should be substituted on the lines provided.
* SKPS currently provides Lactose-Free Milk and Soy Milk as a milk alternative, if a different alternative is needed, indicate that as "other" and write what is required.
- 9) **Signatures:**
Health Care Professional: First print the name of the Health Care Professional responsible for the student. Second, the Health Care Professional must sign and date the form of when the form was completed.
- 10) The bottom section of the form must be completed by a staff member of Salem-Keizer Public Schools only
Accommodations Made: The SKPS staff will indicate what accommodations will be made for the student based on the requests listed in the above sections.
SKPS signature and Date: A representative of the SKPS Nutrition Services Team will sign and date the form to indicate the forms completion.

* **State Licensed Health Care Professionals** include:
Medical Doctors of Medicine (MD), Doctors of Osteopathy (DO), Doctors of Naturopathy (ND), Physicians Assistant (PA), Certified Nurse Practitioner or Clinical Nurse Specialist, Doctor of Dental Medicine (DMD), Doctor of Dental Surgery (DDS), and Doctor of Optometry (OD).