



**Marcellus Central Schools**  
2 Reed Parkway Marcellus, NY 13108

**Request for Meal Modification**

Student Name:	
Parent/Guardian Name:	
Mailing Address:	
School Building:	Grade:
Parent/Guardian Signature	Date:

**Meal Modification Medical Statement**

Federal law and USDA regulation require nutrition programs to make reasonable meal modifications to accommodate children with disabilities. Under the law, a disability is an impairment that substantially limits a major life activity or bodily function, which can include allergies and digestive conditions. But does not include personal diet preferences.

1. Describe the impairment and how it restricts the child's diet (i.e., how the ingestion/contact with the food impacts the child):
2. Explain what must be done to accommodate the child's diet (i.e., specific food(s) to be omitted/avoided from the child's diet):
3. List food(s) and/or beverages to be omitted or modified and recommended alternatives:

Signature of State Recognized Medical Authority:	Date:

*\*State-Recognized Medical Authority is a licensed health care professional authorized to write medical prescriptions in New York: Medical Doctor (MD), Doctor of Osteopathy (DO), Physician's Assistant (PA) with prescriptive authority, Advance Registered Nurse Practitioner (ARNP) with certificate of fitness, Podiatrist (DMP), Optometrist (ED) and Dentist (DDS or DMD).*

Please return completed form to the appropriate building School Nurse:  
**Melissa Zacholl - KC Heffernan Elementary School UPK-3<sup>rd</sup> Grade**  
[mzacholl@marcellusschools.org](mailto:mzacholl@marcellusschools.org)  
Phone: (315) 673-6105  
Fax: (315) 673-0227

**Mary Hughes - CS Driver Middle School 4<sup>th</sup>-8<sup>th</sup> Grade**  
[mhughes@marcellusschools.org](mailto:mhughes@marcellusschools.org)  
Phone: (315) 673-6205  
Fax: (315) 673-0727

**Amy Steigerwald - Marcellus Senior High School 9<sup>th</sup>-12<sup>th</sup> Grade**  
[asteigerwald@marcellusschools.org](mailto:asteigerwald@marcellusschools.org)  
Phone: (315) 673-6305

Fax: (315) 673-6326

## USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>(link is external), from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. fax:  
(833) 256-1665 or (202) 690-7442; or
3. email:  
[Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)(link sends e-mail)

This institution is an equal opportunity provider.

[Click here for Nondiscrimination Statement translations.](#)

### INSTRUCTIONS TO COMPLETE MEDICAL STATEMENT FOR MEAL ACCOMODATION

1. **School:** Print the name of the school where meal(s) will be served.
2. **Student Grade:** Print the grade level of the student.
3. **Name of Child or Participant:** Print the name of the child to whom the information pertains.
4. **Age of Child or Participant:** Print the age of the child.
5. **Name of Parent or Guardian:** Print the name of the person requesting the child or participant's medical statement.
6. **Phone Number:** Print the phone number of parent or guardian.

7. **Description of Child or Participant's Physical or Mental Impairment Affected:** Describe how the physical or mental impairment restricts the child or participant's diet.
8. **Explanation of Diet Prescription and/or Accommodation to Ensure Proper Implementation:** Describe a specific diet or accommodation that has been prescribed by the state healthcare professional.
9. **Indicate Texture:** If the child or participant does not need any modification, check "Regular".
10. **Foods to be Omitted and suggested substitutions:** List specific foods that must be omitted (e.g., exclude fluid milk, nuts, fish, wheat/gluten etc.).
11. **Adaptive Equipment to be Used:** Describe specific equipment required to assist the child or participant with dining (e.g., sippy cup, large handled spoon, wheel-chair accessible furniture, etc.).
12. **Signature of State Licensed Healthcare Professional:** Signature of state licensed healthcare professional requesting the special meal or accommodation.
13. **Printed Name:** Print name of state licensed healthcare professional.
14. **Phone Number:** Phone number of state licensed healthcare professional.
15. **Date:** Date state licensed healthcare professional signed form.

**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.