



If you need assistance with this form or have questions about food-related disability accommodations for school meals within the Cherokee County School District (CCSD), please contact CCSD's School Nutrition Program Central Office at 770-721-8419.

## MEDICAL STATEMENT TO REQUEST ACCOMMODATIONS FOR DISABILITIES IN THE SCHOOL MEAL PROGRAMS

Please read guidance and instructions on page 2 before completing this form.

|  |                       |               |                 |
|--|-----------------------|---------------|-----------------|
| <b><i>Part 1: Contact Information – All Sections to be Completed by Parent/Guardian</i></b>  |                       |               |                 |
| Child's Full Name  | Child's Date of Birth | School Name   | Grade/Classroom |
| Parent/Guardian Name (Please Print)  |                       |               |                 |
|  | Phone Number          | Email Address |                 |
| Parent's Signature   |                       | Date          |                 |
| <b><i>Part 2: Disabilities – All [Applicable] Sections to be Completed by Licensed Healthcare Professional (See Guidance and Instructions on Page 2)</i></b>   |                       |               |                 |
| <p>Please provide a description of the child's physical or mental impairment and how it restricts the child's diet. Please be specific in describing the protein, allergen, ingredient, or food item related to the disability (i.e., 'casein' or 'whey' versus 'milk' or 'dairy'). Please include any exceptions to this rule, such as circumstances when the allergen or food ingredient may be acceptable (i.e., 'in baked goods is acceptable' or 'acceptable as ingredient in food items but fresh milk causes reaction'). Please also describe in detail the reaction experienced when the child is exposed to the related food item (i.e. anaphylaxis reaction requiring an epinephrine auto-injector).</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |                       |               |                 |
| <p>Please list any dietary restrictions or special diet instructions for school meals, as related to the disability described above.</p> <hr/> <hr/> <hr/> <hr/>   |                       |               |                 |
| <p>Please list any applicable food(s) to be omitted from diet (i.e., oranges, wheat, eggs, peanuts, tree nuts, etc.).</p> <hr/> <hr/> <hr/> <hr/>  |                       |               |                 |
| <p>If desired, please provide any additional comments about the child's eating or feeding patterns.</p> <hr/> <hr/> <hr/> <hr/>  |                       |               |                 |
| <b><i>Part 3: Signature – All Sections to be Completed by Licensed Healthcare Professional (See Guidance and Instructions on Page 2)</i></b>   |                       |               |                 |
| Signature of State-Licensed Healthcare Professional  |                       |               | Date            |
| State-Licensed Healthcare Professional's Name, Title, Practice Name, Phone Number, and Email Address (Please Print)  |                       |               | Date            |

## GUIDANCE AND INSTRUCTIONS FOR THE MEDICAL STATEMENT TO REQUEST ACCOMMODATIONS FOR DISABILITIES IN THE SCHOOL MEAL PROGRAMS

The medical statement on page 1 must be completed and submitted to Cherokee County School District before any meal substitutions can be made. If changes are needed, the parent/guardian is required to submit a new form.

### Guidance Disability

Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act Amendments Act (ADAAA) of 2008, "a person with a disability" means 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. According to the ADAAA, most physical and mental impairments constitute a disability.

Major life activities include, but are not limited to, caring for one's self, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentration, thinking, communicating, and working. Major life activities also include the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

U.S. Department of Agriculture (USDA) regulations require reasonable modifications to school meals to accommodate children with disabilities when the disability restricts the child's diet. Modifications will be determined on a case-by-case basis.

**State Licensed Healthcare Professional** is a professional who is authorized to write medical prescriptions under State law. Please refer to the Medical Association of Georgia, *Georgia Prescribers Chart*.  
<https://www.mag.org/georgia/UploadedFiles/georgia-prescribers-chart.pdf>

### Instructions

**Part 1:** To be completed by the parent/guardian for all special dietary requests.

**Part 2:** Please provide sufficient detail for the school food service to make appropriate accommodations. This section must be completed by a licensed healthcare professional when the modified meal does not meet the Program meal pattern requirements. The district Section 504 Coordinator, School Food Service Professional and/or other team member will work with you to manage the process of meal modifications.

**Signature:** Signature from a licensed healthcare professional may be required when the reasonable modification does not meet the Program meal pattern requirements.

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, audiotope, 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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, 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:** [vprogram.intake@usda.gov](mailto:vprogram.intake@usda.gov)

This institution is an equal opportunity provider.