



**Letter to Physician/Medical Authority  
Requesting Instructions for Meal Substitutions for Disabilities, Allergies or  
Intolerances**

Dear Physician or Medical Authority:

To allow the school food service department to comply with the USDA Child Nutrition Program regulations for meeting a student's special dietary needs, information must be provided using one of the enclosed forms. Please select the form to be completed based on the descriptions provided:

1. **Medical Statement for Student with Disability Requiring Special Meals:** A student with a disability is to be provided substitutions in foods only when supported by a statement signed by a physician licensed by the state. The disability must substantially limit one or more major life activities. The supporting statement must identify:
  - a. The individual's disabling condition and an indication how the disability restricts the child's diet;
  - b. The major life activity affected by the condition;
  - c. The food or foods to be omitted from the child's diet and the food or choice of foods that must be substituted.
  - d. Time frame of meal modification (if applicable).

OR

2. **Medical Statement for Student with Food Allergy or Intolerance:** A school will withhold and, at its discretion, may make substitutions for a student who is NOT disabled but is unable to consume food items because of food intolerances or allergies. A recognized medical authority, such as a physician, physician's assistant or nurse practitioner, must sign a supporting statement. The supporting statement must include:
  - a. An indication that the medical or other special dietary need restricts the child's diet and
  - b. The food or foods to be omitted from the child's diet and
  - c. The food or choice of foods that may be substituted.
  - d. Time frame of meal modification (if applicable).

Until complete information is received from your office, the student's special diet cannot be implemented. Your timely assistance is appreciated. It is extremely important for the parent/guardian to sign the Medical Statement. If the student's school needs to clarify the diet prescription, the physician or medical authority can provide further information ONLY if the parent/guardian has signed the Medical Statement. Please retain a copy of the completed Medical Statement with your medical records for the student.

**October 2014 South Carolina School Food Service Program Reference Manual Form 21-A**

If you have questions or need assistance, please contact Tanya Miceli:

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Food and Nutrition Services  
The Nutrition Group/Beaufort Country School District

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