Instructions for Completing the Medical Statement to Request Special Meals, Accommodations, and Milk Substitutes In School Nutrition Programs

Definitions

- **A Person with a Disability or Medical Need: a person who has a physical or mental impairment or medical need which substantially limits one or more "major life activities", has a record of such impairment, or is regarded as having such impairment.**
- **Major Life Activities: can 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, working and operation of major bodily functions, including functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.**

USDA Guidelines	Form Instructions
Requests for children with a disability and/or a documented medical need for a meal accommodation: Schools and agencies participating in federal nutrition programs **MUST** comply with requests for special dietary needs and for adaptive equipment at no extra charge for children with a documented disability and/or medical need. A completed request form signed by a state-licensed healthcare professional (a medical professional who can write prescriptions) must be provided to the SFA. Efforts should be made for meals with prescribed food substitutions/omissions to meet meal pattern requirements but it is not required.	1. Complete Sections A & B. 2. Provide a description of physical or mental impairment and how it restricts the diet. 3. Explain how disability must be accommodated: a. Food(s) to be omitted b. Recommended food substitutes/alternatives c. Texture accommodations d. Adaptive Equipment Needed e. Other accommodations as required. 4. Obtain signature of state-licensed healthcare provider completing Sec. B.
Requests for children with a medical need for a meal accommodation that is within the meal pattern: Schools and agencies participating in federal nutrition programs will accommodate requests for a medical special dietary need if it is within the USDA meal pattern and does not require further clarification or explanation. This includes a USDA-approved milk substitute. Juice and water cannot be substituted for fluid milk as part of the reimbursable meal. However, any student may select a meal without milk under OVS. This substitute request can be made by a parent/guardian.	1. Complete Sections A & C. 2. Explain request for dietary restriction. a. Food(s) to be omitted. b. Recommended food substitutes/alternatives. c. Texture accommodations. d. Other accommodations requested. 3. Signature of parent/guardian completing Sec. C.
Requests for children without a disability or a medical need for a meal accommodation that is within the meal pattern: Schools and agencies participating in federal nutrition programs **MAY** comply with requests for preference, religious or moral convictions. Accommodations will be made on a case-by-case basis. Meals provided must comply with meal pattern requirements in order to be claimed.	1. Complete Sections A & C. a. Explain request for dietary restriction. b. Food(s) to be omitted. c. Recommended food substitutes/alternatives. d. Texture accommodations. e. Other accommodations requested. 2. Signature of parent/guardian completing Sec. C.

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Parent Responsibility:

- Notify the school of any food allergy, disability or special dietary need.
- Provide the Medical Statement completed by a State recognized medical authority (disability or medical need), or the parent (non-disability, medical need, or preference request).
- Participate in any meetings or discussions regarding the student's dietary needs.
- Notify the school of any changes relating to the special dietary need (a new Medical Statement is required if the diet changes).

School Food Service Responsibility:

- Provide food substitutions for students according to the Medical Statement. The school food service staff may not revise or change a diet prescription or order.
- Provide training to cafeteria personnel on how to properly accommodate students with special dietary needs. Maintain documentation of the trainings.
- Communicate with parents, staff, and medical authorities regarding diet modifications.
- Maintain a Medical Statement on each student with a special dietary need. Diet orders are not required to be renewed on a yearly basis; however, it is highly recommended that the food service confirm that the diet order has not changed. If there are any changes, a new Medical Statement is required. If the school is opting to make a substitution available for non-disabling or non-medical needs, the substitution must comply with meal pattern requirements.
- Inform parents/guardians of the procedure for requesting meal accommodations and process for resolving disputes related to the meal accommodation request.

School Nurse Responsibility:

- Collaborate with the food service director, school staff, parents and medical authorities to appropriately share pertinent information, obtain a copy of the Medical Statement, and accommodate students with special dietary needs.
- Develop medical plan of care as appropriate.

Other Federal Regulations:

- Based upon Federal laws that prohibit discrimination and ensure equal access to education, some students may have instructions for accommodating their special needs written into a 504 Plan or an Individualized Education Plan (IEP). Typically, a team consisting of the school professionals and the parents collaborate to develop these plans. If the 504 plan or IEP involves special dietary needs, the food service director should be involved.

Additional Resources:

- ***Policy Memorandum on Modifications to Accommodate Disabilities in the School Meal Programs:*** https://www.fns.usda.gov/policy-memorandum-modifications-accommodate-disabilities-school-meal-programs
- ***Milk Substitution for Children with Medical or Special Dietary Needs (Non-Disability):*** https://www.fns.usda.gov/qas-milk-substitution-children-medical-or-special-dietary-needs-non-disability
- ***Food Allergy and Anaphylaxis Network***: http://www.foodallergy.org
- **Managing Food Allergies in School Nutrition Programs**: http://www.theicn.org/ResourceOverview.aspx?ID=507
- ***CDC Food Allergies in Schools***: https://www.cdc.gov/healthyschools/foodallergies/index.htm

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Note: Please return this form to the student's school district and/or school in which they are enrolled.

Section A: Student Information

Completed by parent/guardian

Student's Name:	Date of Birth
Name of District and School:	Grade Level:
Parent/Guardian Name	Address, City, State, Zip Code
Daytime Phone: Evening Phone:	

Section B: Requests by a Physician for Modifications/Substitutions Due to Disability or Medical Need

Completed and signed by a recognized medical authority, including phone number of office name and address.

☐ Student has a disability or medical need which requires a special meal or accommodation.

- Please describe the physical or mental impairment and how it restricts the diet:
- Diet Prescription and/or accommodation (please describe in detail to ensure proper implementation):
- Specific foods to be omitted and substituted. You may attach additional sheets as needed:

Foods to be Omitted	Foods to be Substituted

- Indicate Texture: ☐ Regular ☐ Chopped ☐ Ground ☐ Pureed
- Adaptive Equipment Needed: _____

Signature of Medical Authority	Printed Name	Telephone # Address	Date

To be completed by the SFA:

☐ Additional Information Needed

☐ Comments:

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Section C: Requests by a Parent/Guardian for Children With and Without a Medical Need
Completed and signed by a parent/guardian

☐ Student does have a medical need and is requesting a special meal accommodation including milk that is within the USDA meal pattern. (Examples: Child is allergic to strawberries. A different fruit could be substituted. A milk substitute that is USDA approved is within the meal pattern. Gluten Free **would** require a Physician's signature as there are very limited whole grain gluten free options.)

☐ Student **doesn't** have a medical need but is requesting a special meal accommodation due to preferences, religious or moral convictions. (An accommodation **may** be made)

- Please describe the meal modification request:

- Request for specific foods to be omitted and substituted. You may attach additional sheets as needed:

Foods to be Omitted	Foods to be Substituted

Signature of Parent/Guardian	Printed Name	Telephone #	Date

To be completed by the SFA:
☐ Additional Information Needed
☐ Comments:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1)Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) Fax: (202) 690-7442; or (3) Email: program.intake@usda.gov.