



## MEDICAL STATEMENT TO REQUEST ACCOMMODATIONS FOR SCHOOL MEAL PROGRAMS

Before any meal substitutions can be made, this must be completed and submitted to Henry County School Nutrition Department (by fax 770-957-0256 or email [kiki.frazier@henry.k12.ga.us](mailto:kiki.frazier@henry.k12.ga.us)). Please read guidance and instructions on page 2 before completing this form.

<b>Part 1: To be completed by Parent/Guardian</b>			
Child's Name	Age of Child	School Name	Grade/Classroom
Parent/Guardian Name (Please Print)			
	Phone Number	Email Address	
Parent's Signature			Date
<b>Part 2: Request for milk substitution for lactose intolerance only</b>			
Henry County Schools provides <b>Dairy Ease (100% Lactose Free) by Mayfield</b> as a milk substitute to students with lactose intolerance when Part 2 is completed by Medical Authority or Parent/Guardian and approved by the school/school district. Water is available if student/parent does not want the substitute provided and for all students.			
Please list <b>all</b> dietary restrictions for the child (named above) <b>caused by lactose intolerance</b> . (Ex: milk, cheese, yogurt, ice cream, etc.)			
Parent/Guardian or Medical Authority Signature: _____			Date: _____
<b>Part 3: Disabilities – To be completed by physician or licensed medical authority. Complete all sections applicable.</b>			
Please provide a description of the child's physical or mental impairment and how it restricts the child's diet.			
Please explain how to accommodate the disability.			
List any dietary restrictions or special diet instructions for school meals.			
List food(s) to be omitted from diet:	List food(s) to be substituted ( <b>substitutions cannot be made unless listed here</b> ):		
Designate texture modifications needed for all foods: <input type="checkbox"/> Pureed <input type="checkbox"/> Diced/finely ground <input type="checkbox"/> Chopped/cut into bite-sized pieces	Designate consistency for liquids/purees: <input type="checkbox"/> Pudding thick <input type="checkbox"/> Nectar thick <input type="checkbox"/> Honey thick <input type="checkbox"/> Thin/normal consistency		
List any special equipment or utensils needed:			
Additional comments about the child's eating or feeding patterns:			
Medical Authority/State Licensed Healthcare Professional's Name, Title & Phone Number (Please Print or Stamp)			Date
Signature of Physician/Medical Authority/State Licensed Healthcare Professional			Date

**GUIDANCE AND INSTRUCTIONS FOR THE  
MEDICAL STATEMENT TO REQUEST ACCOMMODATIONS FOR SCHOOL MEAL PROGRAMS**

**Health Insurance Portability and Accountability Act Waiver (To be completed by parent/guardian)**

In accordance with the provisions of the Health Insurance Portability and Accountability Act of 1996 and the Family Educational Rights and Privacy Act, I hereby authorize \_\_\_\_\_ (medical authority) to release such protected health information of my child as is necessary for the specific purpose of Special Diet information to **Henry County Schools** and I consent to allow the physician/medical authority to freely exchange the information listed on this form and in their records concerning my child with the school program as necessary. I understand that I may refuse to sign this authorization without impact on the eligibility of my request for a special diet for my child. I understand that permission to release this information may be rescinded at any time except when the information has already been released. My permission to release this information will expire on \_\_\_\_\_ (date). This information is to be released for the specific purpose of Special Diet information.

The undersigned certifies that he/she is the parent, guardian or official representative of the person listed on this document and has the legal authority to sign on behalf of that person.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Signing this section is optional, but may prevent delays by allowing us to speak with the physician)

**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. Food allergies constitute a disability by this definition. 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. Schools are not required to make meal modifications for children whose special dietary needs do not constitute a disability, including those related to religious or moral convictions, general health concerns, and personal food preferences. All school meal modifications for children without disabilities must comply with the USDA meal patterns, therefore, some menu items may not be removed due to personal food preferences. Milk substitutes must meet nutrient standards identified in the USDA regulations. 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.

**Instructions**

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

**Part 2:** Should be completed for students with lactose intolerance only.

**Part 3:** Must be completed and signed by a licensed healthcare professional when the modified meal does not meet the school meal pattern requirements. Please provide sufficient detail for school nutrition to make appropriate accommodations.

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. 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:

<https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, 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: mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW Washington, D.C. 20250-9410; fax: (833) 256-1665 or (202) 690-7442; or email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

**A copy of this form should be kept by the School Nutrition Manager and the Nurse. FERPA allows school nurses to share student’s medical information regarding dietary needs with school nutrition services. Questions or concerns may be directed to the School Nutrition Department via phone 770-914-0815 or email [kiki.frazier@henry.k12.ga.us](mailto:kiki.frazier@henry.k12.ga.us)**