Medical Statement for Students with Special Nutritional Needs for School Meals

When completed fully, this form gives schools the information required by the U.S. Department of Agriculture (USDA), U.S. Office for Civil Rights (OCR), and U.S. Office of Special Education and Rehabilitative Services (OSERS) for meal modifications at school. See "Guidance for Completing Medical Statement for Students with Special Nutritional Needs for School Meals" for help in completing this form.

PART A (To be completed by Parent/Guardian)

Name of Student: (Last) _____ (First) _____ {Middle)_

Date of Birth Student ID# School _____ Grade

Will student eat breakfast provided by the school cafeteria?	Will student eat lunch provided by the school cafeteria?	Will the student eat a snack provided by the After School Snack Program?
D Yes D No	o Yes o No	o Yes o **No**

Printed Name of Parent/Guardian: _____

Mailing Address: _____ City: _____ State/Zip: _____

Phone number(s): _____ (Work) _____ (Home) _____ (Cell)

Email Address: _____

What concerns do you have about your student's nutritional needs at school?

What concerns do you have about your student's ability to safely participate in mealtime at school?

Does the student have an identified disability and an Individualized Education Program (IEP) or 504 Plan?

D Yes D No

If *Yes* and you have concerns about nutritional needs, have a licensed physician complete Part B, page 2, of this form and sign it. Return completed form to _____

If *No* and you have concerns about nutritional needs, have a licensed physician or recognized medical authority complete Part B, page 2, of this form and sign it.

Return completed form to _____

NOTE: Special dietary needs for students without an IEP or 504 Plan are accommodated at the discretion of the Child Nutrition Administrator and policies of the school district.

Parental/Guardian Consent: I agree to allow my child's health care provider and school personnel to discuss information on this form.

Parent/Guardian Signature: _____ Date: _____

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PART B (To be completed by Licensed Physician)

Student Diagnosis or condition:	Check major life activities affected: □ Walking □ Seeing □ Hearing □ Speaking □ Breathing □ Working □ Learning □ Other _____ □ Performing manual tasks □ Caring for self (including eating)

Specify any dietary restrictions or special diet instructions for school meals:

Designate consistency requirements for food:		Designate consistency requirement for liquids:	
□ Clear Liquid	□ Pureed	□ Thin	□ Spoon-thick
□ Full Liquid	□ Mechanical Soft	□ Nectar-like	□ No change needed
□ Slenderized liquid	□ No change needed	□ Honey-like	

List any foods causing food *intolerance* that should be avoided: _____

List any foods causing food *allergies* that should be avoided: _____

If student has **life threatening** allergies*, check appropriate box(es): □ ingestion □ contact □ inhalation

* Students with life threatening food allergies must have an emergency action plan in place at school.

For *any* special diet, list specific foods to be omitted and substitutions; you may attach a separate care plan.

a. Foods To Be Omitted	b. Recommended Substitutions

Indicate any other comments about the child's eating or feeding patterns, including tube feeding if applicable:

If a nutritional/feeding care plan has not been developed prior to completion of this form an additional assessment is required, please refer student for feeding and nutritional assessment in your community. School-based personnel do not routinely have instrumentation and/or training for a comprehensive nutrition and feeding assessment.

Signature of Physician/Medical Authority*	Printed Name	Phone Number	Date

licensed physician's signature is required for students with a disability. For students without a disability, a licensed physician or recognized medical authority must sign the form.

PART C (To be completed by Child Nutrition Services)

Child Nutrition Services Notes:

CN Administrator Signature: **Date:**

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Spencerville Local School

Guidance for Completing the Medical Statement for Students with Special Nutritional Needs for School Meals

Parent/Guardian:

The *Medical Statement for Students with Special Nutritional Needs for School Meals* helps schools provide meal modifications for students who require them. Completion of all items will allow your child's school to create a plan with you for providing safe, appropriate meals to your child while at school.

Your participation in this process is very important. The sooner you provide this signed and completed form to your child's school, the sooner the Child Nutrition Program or school staff can prepare the food your child requires. Your signature is required for your school to take action on the medical statement. The school staff cannot change food textures, make food substitutions, or alter your child's diet at school without all the information filled in on this form.

Please follow the steps below to get started:

1) Complete all items of **PART A** of the Medical Statement.
2) Take the Medical Statement to your child's pediatrician or family doctor and have him/her complete **PART B.**
3) Return the properly signed Medical Statement to your child's teacher, principal, nurse, Special Education case manager, or Section 504 case manager, Child Nutrition Administrator, or the school staff person who gave you the blank form.
4) Ask the school when a team, including you and the school system's Child Nutrition Administrator, will meet to consider the information provided on the form. You may invite people from the community who are knowledgeable about your child's feeding and nutrition issues to the meeting. These would be people who could help school staff design a school mealtime plan for your child, like your child's pediatrician, nurse, speech-language pathologist, occupational therapist, registered dietitian or personal care aide.

Physicians and Medical Authorities:

This form helps schools provide meal modifications for students who require them. Completion of all items will streamline efficient care of the student.

The school cannot change food textures, make food substitutions, or alter a student's diet at school without a proper statement from you. Meal modifications are implemented based on medical assessment and treatment planning and must be ordered by a licensed physician or recognized medical authority.

Please consider the following as you complete **PART B** of the Medical Statement:

1) Complete all items of **PART B.** *(Note: A licensed physician's signature is required for students with a disability. For students without a disability, a licensed physician or recognized medical authority must sign the form. Recognized medical authorities include physicians, physician assistants, and nurse practitioners.)*
2) Be as specific as possible about the nature of the child's disability and life activities that the disability limits. In the case of food allergy, please indicate if the student's condition is a food intolerance, an allergy that would affect performance and participation at school (e.g., severe rash, swelling, and discomfort), or a life-threatening allergy (e.g., anaphylactic shock).
3) If your assessment of the child does not yield sufficient data to make a determination about food substitutions, consistency modifications, or other dietary restrictions, please refer the child/family to the appropriate feeding, nutrition, or allergy specialists for completion of the Medical Statement. Schools do not routinely have instrumentation and/or staff trained for a comprehensive nutrition and feeding assessment and must partner with community providers to meet a student's special feeding and nutrition needs.
4) Attach any previous and/or existing feeding/nutrition evaluations, care plans, or other pertinent documentation housed in the student's medical records to the Medical Statement for parent/guardian delivery to the school.
5) Consider being available to consult with the child's school team as it implements the feeding/nutrition care plan.

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