Sponsor and Site Name

Medical Statement for Participants with Special Dietary Needs

This statement must be completed and submitted to the Sponsor listed above before any meal substitutions can be made. The parent/guardian will complete Part 1 and the physician will complete either Part 2 or Part 3. Refer to the information below for clarification. Attach a sheet with additional information if necessary. If changes are needed, the parent/guardian is required to submit a new form signed by the child's physician.

GUIDANCE

Disability:

Under Section 504 of the *Rehabilitation Act of 1973,* and the *Americans with Disabilities Act* (ADA) of 1990, 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 impairment.

Major life activities covered by this definition include caring for one's self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

USDA regulations **7 CFR Part 15b** require substitutions or modifications in CACFP meals for participants whose disabilities restrict their diets. A participant with a disability must be provided substitutions in foods when that need is supported by a statement signed by a licensed physician. The physician's statement must identify: the child's disability; an explanation of why the disability restricts the child's diet; the major life activity affected by the disability; the food or foods to be omitted from the child's diet, and the food or choice of foods that must be substituted.

Generally, children with food allergies or intolerances do not have a disability as defined under either Section 504 of the Rehabilitation Act or Part B of IDEA, and food service may, but is not required to, make food substitutions for them. However, when in the licensed physician's assessment, food allergies may result in severe, life-threatening (anaphylactic) reactions, the child's condition would meet the definition of "disability," and the substitutions prescribed by the licensed physician must be made.

Special Dietary Needs That Are Not a Disability

Food service providers may make food substitutions, at their discretion, for individual children who do not have a disability, but who are medically certified as having a special medical or dietary need. Such determinations are only made on a case-by-case basis. This provision covers those children who have food intolerances or allergies but do not have life-threatening reactions (anaphylactic reactions) when exposed to the food(s) to which they have problems.

Each special dietary request must be supported by a statement, which explains the food substitution that is requested. It must be signed by a recognized medical authority. The medical statement must include: an identification of the medical or other special dietary condition which restricts the child's diet; the food or foods to be omitted from the child's diet; and the food or choice of foods to be substituted.

Parent/Guardian Request for Fluid Milk Substitution

Parents or guardians may now request in writing that non-dairy beverages be substituted for fluid milk for their children with special dietary needs without providing statement from a recognized medical authority. However, fluid milk substitutions requested are at the **option** and expense of the facility/center.

The non-dairy beverage provided must be nutritionally equivalent to fluid milk and meet the nutritional standards set by the United States Department of Agriculture (USDA) for Child Nutrition Programs in order for the facility/center to claim reimbursement for the meal through the Child and Adult Care Food Program (CACFP).

A non-dairy beverage product must at a minimum contain the following nutrient levels per cup to quality as an acceptable milk substitution.

a. Calcium 276 mg	d. Vitamin D 100 IU	g. Potassium 349 mg
b. Protein 8 g	e. Magnesium 24 mg	h. Riboflavin .44 mg
c. Vitamin A 500 IU	f. Phosphorus 222 mg	i. Vitamin B-12 1.1 mcg

Revised FY2014-2015

Part 1. To be completed by a Parent, Guardian, or Authorized Representative

Participant's Name:		Birthday:
Parent/Guardian/Authorized Representative name:		
Home Phone: ( )		Work Phone: ( )
Address:		
City:	State:	Zip:

Part 2. For Participants with a DISABILITY-Licensed Physician must complete

Describe the patient's disability and the major life activities that are affected by the disability:

_____

_____

_____

Foods to be omitted:	Substitutions:
_____	_____
_____	_____
_____	_____

Please list foods and information regarding any needed texture changes (chopped, ground, pureed, etc.):

_____

_____

_____

Please provide any other information regarding the diet:

_____

_____

_____

Part 3. For Participants with special Dietary needs that are NOT A DISABILITY-Recognized Medical Authority must complete

Describe the medical or other special dietary need that restricts the participant's diet:

_____

_____

_____

Foods to be omitted:	Substitutions:
_____	_____
_____	_____
_____	_____

_____

Physician/Medical Authority's Signature Date

_____

Printed Name and Title Telephone

**7 CFR 226.20 (h)*