Marcellus Central Schools

2 Reed Parkway Marcellus, NY 13108

Request for Meal Modification

Student Name:	
Parent/Guardian Name:	
Mailing Address:	
School Building:	Grade:
Parent/Guardian Signature	Date

Meal Modification Medical Statement

Federal law and USDA regulation require nutrition programs to make reasonable meal modifications to accommodate children with disabilities. Under the law, a disability is an impairment that substantially limits a major life activity or bodily function, which can include allergies and digestive conditions. But does not include personal diet preferences.

1. Describe the impairment and how it restricts the child's diet (i.e., how the ingestion/contact with the food impacts the child):

2. Explain what must be done to accommodate the child's diet (i.e., specific food(s) to be omitted/avoided from the child's diet):

3. List food(s) and/or beverages to be omitted or modified and recommended alternatives:

Signature of State Recognized Medical Authority:	Date:

**State-Recognized Medical Authority is a licensed health care professional authorized to write medical prescriptions in New York: Medical Doctor (MD), Doctor of Osteopathy (DO), Physician's Assistant (PA) with prescriptive authority, Advance Registered Nurse Practitioner (ARNP) with certificate of fitness, Podiatrist (DMP), Optometrist (ED) and Dentist (DDS or DMD).*

Please return completed form to the appropriate building School Nurse:

Katie Lawrence - KC Heffernan Elementary School UPK-3rd Grade
klawrence@marcellusschools.org
Phone: (315) 673-6105
Fax: (315) 673-0227

Mary Hughes - CS Driver Middle School 4th-8th Grade
mhughes@marcellusschools.org
Phone: (315) 673-6205
Fax: (315) 673-0727

Amy Steigerwald - Marcellus Senior High School 9th-12th Grade
asteigerwald@marcellusschools.org
Phone: (315) 673-6305
Fax: (315) 673-6326

USDA Nondiscrimination Statement

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint 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 Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410;
2. **Fax**: (202) 690-7442; or
3. **Email**: program.intake@usda.gov.

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INSTRUCTIONS TO COMPLETE MEDICAL STATEMENT FOR MEAL ACCOMODATION

1. **School:** Print the name of the school where meal(s) will be served.
2. **Student Grade:** Print the grade level of the student.
3. **Name of Child or Participant:** Print the name of the child to whom the information pertains.
4. **Age of Child or Participant:** Print the age of the child.
5. **Name of Parent or Guardian:** Print the name of the person requesting the child or participant's medical statement.
6. **Phone Number:** Print the phone number of parent or guardian.
7. **Description of Child or Participant's Physical or Mental Impairment Affected:** Describe how the physical or mental impairment restricts the child or participant's diet.

8. **Explanation of Diet Prescription and/or Accommodation to Ensure Proper Implementation:** Describe a specific diet or accommodation that has been prescribed by the state healthcare professional.

9. **Indicate Texture:** If the child or participant does not need any modification, check “Regular”.

10. **Foods to be Omitted and suggested substitutions:** List specific foods that must be omitted (e.g., exclude fluid milk, nuts, fish, wheat/gluten etc.).
11. **Adaptive Equipment to be Used:** Describe specific equipment required to assist the child or participant with dining (e.g., sippy cup, large handled spoon, wheel-chair accessible furniture, etc.).

12. **Signature of State Licensed Healthcare Professional:** Signature of state licensed healthcare professional requesting the special meal or accommodation.

13. **Printed Name:** Print name of state licensed healthcare professional.

14. **Phone Number:** Phone number of state licensed healthcare professional.

15. **Date:** Date state licensed healthcare professional signed form.

Citations are from Section 504 of the Rehabilitation Act of 1973, Americans with Disabilities Act (ADA) of 1990, and ADA Amendment Act of 2008:

A person with a disability is defined as 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.

Physical or mental impairment means (a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory; speech; organs; cardiovascular; reproductive, digestive, genito-urinary; hemic and lymphatic; skin; and endocrine; or (b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

Major life activities 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, and working.

Major bodily functions have been added to major life activities and include the functions of the immune system; normal cell growth; and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

“Has a record of such an impairment” means a person has, or has been classified (or misclassified) as having, a history of mental or physical impairment that substantially limits one or more major life activities.