

Medical Statement for Meal Modification

Fill parts A-D out completely. Incomplete Medical Statement forms will be returned to the parent/guardian. Sections B-C shall be completed by a licensed physician, nurse practitioner, physician assistant, or registered dietitian.

The meal modifications will continue until a licensed physician, nurse practitioner, physician assistant, or registered dietitian requests that the modifications be changed or stopped on the Discontinuation Form.

It is strongly recommended that the prescribed diet order is updated annually with a new form.

Part A: Student and Parent/Guardian Information		
Student Name:	Birthdate:	
School/Site:	Grade:	
Parent/Guardian Name:	Parent/Guardian Phone:	
Part B: Identification of Disability/Medical Needs		
Disability/Medical Need:	How Disability/Medical Need Restricts Diet:	
<p>Major Life Activity Impacted: ☐Caring for Oneself ☐Performing Manual Tasks ☐Seeing ☐Hearing ☐Eating ☐Sleeping ☐Walking ☐Standing ☐Lifting ☐Bending ☐Speaking ☐Breathing ☐Learning ☐Reading ☐Concentrating ☐Thinking ☐Communicating ☐Working ☐Other:</p> <p>Major Bodily Function Impacted: ☐Immune System ☐Cell Growth ☐Digestive ☐Bladder ☐Neurological ☐Brain ☐Respiratory ☐Circulatory ☐Endocrine ☐Reproductive ☐Other:</p>		
Part C: Check Meal Modification Request & Fill In Blanks as Applicable		
☐ Modified Texture of Foods	☐ Easy Chew ☐ Soft & Bite Size ☐ Minced & Moist ☐ Pureed ☐ Liquidised	
☐ Modified Thickness of Liquids	☐ Extremely Thick ☐ Moderately Thick ☐ Mildly Thick ☐ Slightly Thick ☐ Thin	
☐ Special Feeding Equipment	☐ Adaptive Equipment Needed:	
☐ Different Portion Sizes	☐ Specify Portion Size:	
Food Allergy	List Omitted Foods	List Substituted Foods
☐ Milk ☐ Egg ☐ Fish ☐ Shellfish ☐ Soy ☐ Peanut ☐ Tree Nut ☐ Wheat ☐ Sesame ☐ Other: Does the student have a prescribed epi-pen? ☐ Yes ☐ No		
Food Intolerances	List Omitted Foods	List Substituted Foods
Other Specified Meal Modification Request	List Omitted Foods	List Substituted Foods
Medical Authority Certification of Disability and/or Medical Need		
Signature:	Address:	
Printed Name:	Phone:	Date:
Part D: Parent/Legal Guardian Permission		
I give permission for school/site personnel responsible for implementing my child's requested meal modification with any appropriate school/site staff. I also give permission for my child's medical authority to further clarify the prescribed diet order on this form if requested to do so by school/site personnel.		
Parent/Guardian Signature:		Date:

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-302Z](#), 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. USDA is an equal opportunity provider, employer, and lender.

Dietary Preference Form for Meal Modification

This form shall be used to request meal modifications for children who have a medical need that falls within USDA's meal pattern requirements or are requesting modification due to religious, ethical or cultural reasons that do not rise to the level of a disability.

Example of a medical need that falls within the USDA's meal requirements.

- Child is allergic to strawberries and a different fruit can be substituted.
- Child is allergic to beef and a different meat/meat alternate can be substituted.

Fluid Milk substitutes must be USDA-approved. Juice and water may not be substituted for fluid milk as part of the reimbursable meal without a medical statement signed by licensed healthcare professional.

Modification due to religious, ethical or cultural reasons that do not rise to the level of a disability: A school/site has the option to make meal modifications at the request of a parent/guardian due to religious, ethical or cultural reasons.

Fill parts A-C out completely. Incomplete Dietary Preference Forms will be returned to the parent/guardian. The meal modifications will continue until a parent/legal guardian request that the modifications be changed or stopped on the Discontinuation Form. It is strongly recommended that the Dietary Preference Form is updated annually.

Part A: Student and Parent/Guardian Information		
Student Name:	Birthdate:	
School/Site:	Grade:	
Parent/Guardian Name:	Parent/Guardian Phone:	
Part B: Check Meal Modification Request(s)	Check Omitted Foods	Check Substituted Foods
☐ No Fluid Milk	☐ Fluid Milk	☐ Lactose-Free Milk -or- ☐ Dairy-Free Milk
☐ Milk Allergy ☐ Egg Allergy ☐ Fish Allergy ☐ Sesame Allergy ☐ Shellfish Allergy ☐ Soy Allergy ☐ Wheat Allergy ☐ Peanut Allergy ☐ Tree Nut Allergy ☐ Other: Does the student have a prescribed epi-pen? ☐ Yes ☐ No	☐ Milk & Dairy Products ☐ Egg ☐ Fish ☐ Sesame ☐ Crab/Lobster/Shrimp ☐ Soy (oil/lecithin okay) ☐ Soy Products ☐ Wheat ☐ Peanuts ☐ Tree Nuts ☐ Other:	☐ Allergen-Free Meat ☐ Allergen-Free Grains ☐ Allergen-Free Combo Foods ☐ Allergen-Free Condiments/Sides ☐ Other:
☐ No Beef (Religious/Ethical/Cultural Reason)	☐ Beef	☐ Other Meat/Meat Alternate
☐ No Pork (Religious/Ethical/Cultural Reason)	☐ Pork	☐ Other Meat/Meat Alternate
☐ Vegetarian (Religious/Ethical/Cultural Reason)	☐ Dairy ☐ Eggs ☐ Meat ☐ Poultry ☐ Fish/Seafood	☐ Other Meat/Meat Alternate
Other specified meal modification request: ☐ Medical Need: -or- ☐ Religious/Ethical/Cultural Reason:	List Omitted Foods:	List Substituted Foods:
Part C: Parent/Legal Guardian Permission		
I give permission for school/site personnel responsible for implementing my child's requested meal modification with any appropriate school/site staff.		
Parent/Guardian Signature:		Date:

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. *USDA is an equal opportunity provider, employer, and lender.*

Meal Modification Discontinuation Form

If your student no longer requires meal accommodation, please fill out the form below. If the student has a medical statement for meal modification the discontinuation shall be filled out by a physician/medical authority. If the student has a dietary preference form for meal modification a parent/legal guardian may fill out the discontinuation form.

Part A: Student and Parent/Guardian Information		
Student Name:	Birthdate:	
School/Site:	Grade:	
Parent/Guardian Name:	Parent/Guardian Phone:	
Part B: Physician/Medical Authority Discontinuation of Meal Modification		
I certify that the student names above are no longer in need of the previously prescribed meal modifications.		
Signature:	Printed Name:	
Address:	Phone:	Date:

-Or-

Part C: Parent/Legal Guardian Discontinuation of Meal Modification	
I certify that the student names above are no longer in need of the previously prescribed meal modifications.	
Signature:	Date:

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