

Hillsboro School District

Medical Statement to Request Special Meals and/or Accommodations

Federal law and USDA regulation require Child Nutrition Programs to make reasonable modifications to accommodate children with disabilities. Under the law, a disability is an impairment which substantially limits a major life activity or bodily function, which can include allergies and digestive conditions, but does not include personal dietary preferences.

Site/Provider Name:	Submit this form to:
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Part I To be completed by Parent/Guardian, Adult Participant, or Hillsboro School District

Name of Participant: _____	
Parent/Guardian Name: _____	Phone #: _____

Part II To be completed *only* by a State licensed health care professional who is authorized to write medical prescriptions under State law*. Complete questions 1-3.

1. Describe the major life activity or major bodily function(s) affected by the participant’s physical or mental impairment that restricts the diet:		

2. Meal Accommodation Plan (Foods to omit or avoid):		

3. Foods to be substituted and recommended alternatives (include modification and accommodation):		

Signature of State Licensed Health Care Professional:		
_____	_____	_____
Printed Name	Signature	Date

Part III Hillsboro School District Use Only

Accommodation(s) Made: _____	

Sponsor Signature: _____	Date: _____