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:
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: Major Bodily Function Impacted: ☐Immune System ☐Cell Growth ☐Digestive ☐Bladder ☐Neurological ☐Brain ☐Respiratory ☐Circulatory ☐Endocrine ☐Reproductive ☐Other:	
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: