Medical Statement for Meal Modification

Important! Carefully read and follow the procedures for requesting a special meal accommodation. The school/site will return incomplete Medical Statements to the parent/guardian. If you have questions about this form, the school/site contact named in Part A below will assist you.

Schools and agencies participating in child nutrition meal programs **MUST** comply with requests for special dietary needs and adaptive equipment at no extra charge for children with a documented disability and/or medical need. If this is a life-threatening food allergy resulting in anaphylaxis, ensure the Allergy & Anaphylaxis Action Plan form is completed by school/site nursing staff.

Requests for children with a documented medical need: A completed request form must be signed by a licensed physician (MD or DO), advanced practice nurse (APN) with prescriptive authority (RXN), or physician assistant (PA).

The meal modifications will continue until a licensed physician, advanced practice nurse with prescriptive authority or physician assistant requests that the modifications be changed or stopped on the Discontinuation Form, which is available from the school/site. It is strongly recommended that the prescribed diet order is updated annually with a new form.

Part A. Student, Parent/Guardian & School/Site Contact Information – To be completed by a parent/guardian or school/site contact person.		
1. Student's Name:	2. Date of Birth:	3. School/site:
4. Parent/Guardian's Name:	5. Parent/Guardian's Phone:	
6. School/site Contact's Name:	7. School/site Contact's Phone:	

Part B. Prescribed Diet Order for Children with a Documented Medical Need – This must be completed by a licensed medical professional as specified above. All sections must be completed.				
1. Specify the medical need and how it restricts the child's diet:				
2. What major life activity is affected by this student's medical need? Example: Allergy to peanuts affects ability to breathe.				
3. Type of Special Diet: ☐ Check if not applicable OR specify the type of special diet (e.g. low sodium, gluten-free, diabetic, etc.)				
4. Modified Texture:	☐ Not Applicable	☐ Chopped	☐ Ground	☐ Pureed
5. Modified Thickness of Liquids:	☐ Not Applicable	☐ Nectar	☐ Honey	☐ Spoon or Pudding Thick
6. Special Feeding Equipment: _____ ☐ Check if not applicable OR list special feeding equipment (e.g. large handled spoon, sippy cup, etc.).				
7. Foods to be Omitted and Substituted: List specific foods to be omitted and substituted. If more space is needed, sign and attach additional sheet of paper.				
Omit Foods Listed Below:		Substitute Foods Listed Below:		

Licensed Physician/Advanced Practice Nurse with Prescriptive Authority/Physician Assistant Information		
Signature:	Title:	
Printed Name	Phone:	Date:

Parent/Legal Guardian Permission – To be completed by a parent or legal guardian.
I give permission for school/site personnel responsible for implementing my child's prescribed diet order to discuss my child's special dietary accommodations with any appropriate school/site staff. I also give permission for my child's licensed physician, advanced practice nurse with prescriptive authority or physician assistant to further clarify the prescribed diet order on this form if requested to do so by school/site personnel. Parent/Legal Guardian's Signature & Date:

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
   U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights
   1400 Independence Avenue, SW
   Washington, D.C. 20250-9410; or
2. **fax:**
   (833) 256-1665 or (202) 690-7442; or
3. **email:**
   program.intake@usda.gov

This institution is an equal opportunity provider.