Meal Accommodation for Disability Statement Form

(To Provide Information for a School to Make an Appropriate Meal Accommodation)

This form may be (1) used by a licensed medical authority or registered dietician to provide a medical statement for a student's medical disability or a special dietary need that warrants a meal accommodation or (2) used to assist a licensed medical authority or registered dietician in creating the medical statement necessary for a meal accommodation. If this form is used as a medical statement, the form must be completed by the medical authority or registered dietician and signed by both the parent and the medical authority or registered dietician. The reverse side of this form provides additional information on the regulations related to school meal accommodations.

NOTE: Only the parent's signature is required if (1) the accommodation requested is for a fluid milk substitute, **and** (2) the milk substitute is being requested for **lunch only**. For milk substitutions requested at any other meal, or for any other accommodation associated with a food component other than milk, the licensed medical authority or registered dietitian signature is required.

I. Provide the following information about the student.

Student Name: _____ Date: _____

Student Birthdate: _____ Student's Grade Level: _____

Does the student have a medical disability which affects one of the major life functions which necessitates a meal accommodation? ☐ Yes ☐ No

Does the student have a special dietary need that will be helped by a meal accommodation? ☐ Yes ☐ No

Please check one: ☐ Student has an Epi-Pen on campus ☐ Student does NOT have an Epi-Pen

II. How does this medical disability or special dietary need impact the student's diet?

III. What meal accommodation(s) are appropriate to address the student's medical disability or special dietary needs? Please check the box before applicable meal accommodations and provide a detailed explanation for each checked accommodation in the box beside the description.

☐ Food items or ingredients not to be served

☐ Suggested substitutions for food items not served

☐ Specific information on portion sizes for food items

☐ Specific description of texture modifications for specific food types or items

☐ Special utensils

☐ Other

IV. Provide the following signatures.

Parent Signature _____ Date _____

Medical Authority or Registered Dietician Signature _____

For any meal accommodations, please allow one week from the form being entered in the computer for the alternative meal/item to be on the campus.