SCHOOL NUTRITION
Cherokee County School District

MEDICAL REQUEST STATEMENT TO ACCOMMODATIONS FOR DISABILITIES IN THE SCHOOL MEAL PROGRAMS

If you need assistance with this form or have questions about food-related disability accommodations for school meals within the Cherokee County School District (CCSD), please contact CCSD's School Nutrition Program Central Office at 770-721-8419.

Please read guidance and instructions on page 2 before completing this form.

Part 1: Contact Information – All Sections to be Completed by Parent/Guardian			
Child's Full Name	Child's Date of Birth	School Name	Grade/Classroom
Parent/Guardian Name (Please Print)			
	Phone Number	Email Address	
Parent's Signature		Date	

Part 2: Disabilities – All [Applicable] Sections to be Completed by Licensed Healthcare Professional (See Guidance and Instructions on Page 2)

Please provide a description of the child's physical or mental impairment and how it restricts the child's diet. Please be specific in describing the protein, allergen, ingredient, or food item related to the disability (i.e., 'casein' or 'whey' versus 'milk' or 'dairy'). Please include any exceptions to this rule, such as circumstances when the allergen or food ingredient may be acceptable (i.e., 'in baked goods is acceptable' or 'acceptable as ingredient in food items but fresh milk causes reaction'). Please also describe in detail the reaction experienced when the child is exposed to the related food item (i.e. anaphylaxis reaction requiring an epinephrine auto-injector).

_____
_____
_____
_____
_____
_____

Please list any dietary restrictions or special diet instructions for school meals, as related to the disability described above.

_____
_____
_____

Please list any applicable food(s) to be omitted from diet (i.e., oranges, wheat, eggs, peanuts, tree nuts, etc.).

_____
_____
_____

If desired, please provide any additional comments about the child's eating or feeding patterns.

_____
_____

Part 3: Signature – All Sections to be Completed by Licensed Healthcare Professional (See Guidance and Instructions on Page 2)

Signature of State-Licensed Healthcare Professional	Date
State-Licensed Healthcare Professional's Name, Title, Practice Name, Phone Number, and Email Address (Please Print)	Date

This institution is an equal opportunity provider and employer.

GUIDANCE AND INSTRUCTIONS FOR THE MEDICAL STATEMENT TO REQUEST ACCOMMODATIONS FOR DISABILITIES IN THE SCHOOL MEAL PROGRAMS

The medical statement on page 1 must be completed and submitted to Cherokee County School District before any meal substitutions can be made. If changes are needed, the parent/guardian is required to submit a new form.

Guidance

Disability

Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act Amendments Act (ADAAA) of 2008, "a person with a disability" means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment. According to the ADAAA, most physical and mental impairments constitute a disability.

Major life activities include, but are not limited to, caring for one's self, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentration, thinking, communicating, and working. Major life activities also include the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

U.S. Department of Agriculture (USDA) regulations require reasonable modifications to school meals to accommodate children with disabilities when the disability restricts the child's diet. Modifications will be determined on a case-by-case basis.

State Licensed Healthcare Professional is a professional who is authorized to write medical prescriptions under State law. Please refer to the Medical Association of Georgia, *Georgia Prescribers Chart*: https://www.mag.org/georgia/UploadedFiles/georgia-prescribers-chart.pdf

Instructions

Part 1: To be completed by the parent/guardian for all special dietary requests.
Part 2: Please provide sufficient detail for the school food service to make appropriate accommodations. This section must be completed by a licensed healthcare professional when the modified meal does not meet the Program meal pattern requirements. The district Section 504 Coordinator, School Food Service Professional and/or other team member will work with you to manage the process of meal modifications.
Signature: Signature from a licensed healthcare professional may be required when the reasonable modification does not meet the Program meal pattern requirements.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and 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.

This institution is an equal opportunity provider and employer.