

Medical Statement to Request School Meal Modification

Important! Select the applicable meal modification category from the two listed below. Then carefully read and follow the procedures for that category. The school will return incomplete Medical Statements to the parent/guardian. If you have questions about this form, please contact the School Nutrition Department.

1. Modification due to a disability:

- A school is required to make meal modifications prescribed by a licensed physician to accommodate a student's disability. See the definition of disability on the back of this form.
- Part B of this form must be completed by a licensed physician (MD or DO).
- Parts A and C of this form must also be completed before the school can make meal modifications.

2. Exclusion of fluid cow's milk due to lactose intolerance, allergy, vegan diet, religious, ethical, or cultural reasons:

- Our students may still receive school breakfast and school lunch without fluid cow's milk as requested by a parent/guardian, but that is not prescribed by a licensed physician.
- Parts A and D of this form must be completed before the school will take responsibility for ensuring that your child does not receive fluid cow's milk with breakfast or lunch.

These exclusions will continue until a parent/guardian requests that the exclusion be stopped in writing.

Part A. Student, Parent/Guardian & School Contact Information – To be completed by a parent/guardian or school contact person

Student's Name:	Date of Birth:	School:
Parent/Guardian's Name:	Parent/Guardian's Phone:	

Part B. Prescribed Diet Order – This part must be completed by a medical authority as specified above.

1. Specify the disability, food allergy/intolerance, or medical condition related to the prescribed diet order.

2. What is affected by the above condition? Example: Allergy to peanuts affects the ability to breathe.

3. Modified Texture:	☐ Chopped	☐ Ground	☐ Pureed
4. Modified Thickness of Liquids:	☐ Nectar	☐ Honey	☐ Spoon or Pudding Thick

5. Special Feeding Equipment:

List special feeding equipment (e.g. large handled spoon, sippy cup, etc.).

6. Type of Food Allergy (check all that apply):

☐ wheat ☐ fish ☐ shellfish ☐ soy ☐ nuts (indicate ☐ peanuts ☐ tree nuts ☐ eggs ☐ milk

Others _____



7. Foods to be Omitted and Substituted:

List specific foods to be omitted and substituted. If more space is needed, sign and attach an additional sheet of paper.

Omit Foods Listed Below:	Substitute Foods Listed Below if Available:

8. Medical Authority's Information

Signature:			Title:		
Printed Name:			Phone:		Date:

Part C. Parent/Guardian Permission – To be completed by a parent/guardian

I give permission for school personnel responsible for implementing my child's prescribed diet order to discuss my child's special dietary accommodations with any appropriate school staff and to follow the prescribed diet order for my child's school meals. 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 personnel.

Parent/Guardian's Signature: _____ Date: _____

Part D. Request Exclusion of Fluid Cow's Milk due to Lactose Intolerance, Allergy, Vegan Diet, Religious, Cultural or Ethical Reasons – To be completed by a parent/guardian

☐ YES, Please exclude fluid cow's milk from my child's school meals.

Parent/Guardian's Signature: _____ Date: _____

Definition of Disability:

The Rehabilitation Act of 1973, Section 504 (Section 504) and the Americans with Disabilities Act (ADA) of 1990 provide regulatory guidance which defines a disability as any physiological disorder or condition, cosmetic disfigurement, or anatomical loss

affecting the body's systems or any mental or psychological disorder¹ which affects one of the major life activities².

¹Physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin; and endocrine. Mental or psychological disorders include the following: intellectual disability, organic brain syndrome, emotional or mental illness, or specific learning disability. The term physical or mental impairment includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disability, emotional illness, drug addiction, and alcoholism.

²Major life activities include the following: bending, breathing, caring for oneself, communicating, concentrating, eating, hearing, learning, lifting, major bodily functions, performing manual tasks, reading, seeing, sleeping, speaking, standing, thinking, walking, and working. Major bodily functions include, but are not limited to, the following: functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine and reproductive functions.

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(School Nutrition Department to complete)

ECISD School Nutrition Notes: _____

ECISD RD Signature: _____ Date: _____

