Medical Statement
WNESU

Date:		
Child Name:		
Parent/Guardian Name:	Phone:	Email:

Does the child's IEP or 504 Plan contain the information required as outlined below? (Check One)

☐ Yes ☐ No

If Yes, stop here. If No, please continue to fill out the form.

Meal Modifications Made Outside the Meal Pattern
(Accommodation that alters the USDA meal pattern)

Food(s) to be Avoided/Omitted:

Brief explanation of how exposure to the food(s) affects the child:

Recommended Substitution(s):

Modified Texture Needed:	Special Utensil Needed:	Tube Feeding Required:	Tracking Assistance:

Other Accommodations Needed:

_____ _____

State LicensedHealthcare Professional Signature

Printed Nameof State LicensedHealthcare Professional

For additional information, please refer to Pages 14 & 15 of USDA-FNS Accommodating Children with Disabilities in the School Meals Programs: Guidance for School Food Service Professionals.

Note: In the School Meals Programs and Child and Adult Care Food Program (CACFP), statements may also be submitted by registered dietitians.

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/ad-3027.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.