Hurst - Euless - Bedford ISD Child Nutrition Services

Meal Accommodation for Disability Statement /Special Diet Form

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

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 _____

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This institution is an equal opportunity provider.

Information on Accommodations to School Meals for Students with a Medical Disability

The National School Lunch Program (NSLP) and School Breakfast Program (SBP) must provide reasonable accommodations for students with medical disabilities.

> The Code of Federal Regulations (7 CFR, Part 15b) defines a person with a disability as (1) having a physical or mental impairment that substantially limits one or more major life activities and (2) having a record or is regarded as having a physical or mental impairment.

Schools may also provide accommodations for special medical or dietary needs that restrict a student's diet but are not considered a medical disability.

For an NSLP or SBP site to provide most meal accommodations for a student with a medical disability,* the parent or guardian must provide a medical statement signed by medical authority who is licensed by the State of Texas to write prescriptions or by a registered dietician.

> ***For NSLP lunch service ONLY**, students requesting a nondairy fluid milk substitution due to a disability may submit written justification from a parent or legal guardian in lieu of a statement from a state-licensed healthcare professional or registered dietician.

The medical statement must include the following information in order for the School Food Authority (SFA) to make the meal accommodation:

1. Statement explaining the student's medical disability which includes a description that is sufficient to allow the school to understand how this condition restricts the student's diet.
2. Description of the accommodation to be made: food items or ingredients to be omitted, food items ingredients to be substituted, modified food texture, and/or other accommodation.

   > If the medical statement requires substitutions, the medical statement should include a list of food or beverage items that are appropriate substitutions. Also note, a school is not required to provide a name brand product if another product with the same specifications is available.

If the licensed medical authority or registered dietician does not provide a medical statement that includes the information listed above, the school cannot make a meal accommodation except as noted above for fluid milk substitutions requested for lunch service only.

When a school believes the medical statement is unclear or lacks sufficient detail, the school must request appropriate clarification so that a proper and safe meal can be provided. When clarification is provided, any changes to the medical statement must be provided in writing before the school implements the changes.