

Medical Statement to Request Special Meals, Accommodations, Milk Substitutions

1. Site Name (School/Sponsor):	2. Name of Parent/Guardian	3. Telephone Number		
4. Name of Child *		5. Date of Birth		
6. State the medical condition requiring accommodation.				
<i>This section must be completed by a licensed medical authority. Refer to the reverse side of this page for definitions.</i>				
7. Does the medical condition affect major life activities or major bodily functions? Select one of the following. * <input type="checkbox"/> Yes, this condition affects major life activities or major bodily functions and qualifies as a disability. <input type="checkbox"/> No, this condition does not affect major life activities or major bodily functions and does not qualify as a disability. <i>According to the ADA the term 'disability' means, with regards to an individual: a physical or mental impairment that substantially limits one or more major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment. The USDA has adopted this definition of a disability in child nutrition programs.</i>				
8. Provide a brief description of the major life activity or bodily function affected by the disability. * Consuming foods to be omitted may result in: <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Itching <input type="checkbox"/> Swelling <input type="checkbox"/> Rash <input type="checkbox"/> Wheezing/Coughing <input type="checkbox"/> Choking <input type="checkbox"/> Other:				
9. Describe diet prescription and/or accommodation. Must include specific foods to be omitted and substituted. *				
Foods and/or beverages to be omitted: *		Foods and/or beverages to be substituted: *		
10. Modified texture (if applicable): <input type="checkbox"/> Chopped <input type="checkbox"/> Ground <input type="checkbox"/> Puree				
11. Adaptive Equipment Needed (if applicable):				
12. Signature of Medical Authority & Credentials*		13. Printed Name*	14. Telephone Number	15. Date*
I give permission for the institution's personnel responsible for implementing my child's prescribed diet order to discuss my child's special dietary accommodations with any appropriate institution staff and to follow the prescribed diet order for my child's 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 institution personnel.				
Signature of parent or guardian:			Date:	

***Required**

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A licensed medical authority is defined as an individual who has the authority to write a medical prescription. In Utah, this includes:

- Medical Doctor (MD)
- Physician's Assistant (PA)
- Osteopathic Physicians (DO)
- Advance Practice Registered Nurses (APRN)
- Naturopathic Physicians (ND or NMD)

Definition of Disability

Under Section 504 of the Rehabilitation Act of 1073 and the Americans with Disabilities Act (ADA) A Person with a Disability is defined as: 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.

Physical or Mental Impairment-(a) any physiological 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, genitor-urinary; hemic and lymphatic; skin; and endocrine; or (b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

Major Life Activities-functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

Major Bodily Functions- functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, and reproductive functions

Record of Impairment-having a history of or have been classified (or misclassified) as having a mental or physical impairment that substantially limits one or more major life activities. Individuals who take mitigating measures to improve or control any of the conditions recognized as a disability, are still considered to have a disability and require an accommodation.

USDA Guidelines for Accommodating Special Dietary Needs

Disability-Institutions and agencies participating in federal nutrition programs **must** comply with requests for special dietary meals and any adaptive equipment with a documented disability and completed request form.

Non-disability-Institutions and agencies participating in federal nutrition programs **may** comply with requests for non-disabling medical conditions. Accommodations will be made on a case-by-case basis. However, if accommodations are made for a specific medical condition, complete requests for the same medical condition for other participants must be accommodated.

Fluid Milk Substitutions-Fluid milk substitutions apply to non-disability requests. Institutions and agencies participating in the federal nutrition program **may** accommodate complete requests with a USDA approved non-milk equivalent. If accommodations are made for one child requesting a fluid milk substitute, accommodations must be made for all children requesting a fluid milk substitute.

School/sponsor internal use only

- Marked as disability or treating as disability (Required to accommodate request.)
- Not marked as disability
 - School/sponsor is accommodating request
 - School/sponsor is **not** accommodating request

Signature/Date:

Attachment A: Foods to be Omitted and Substituted

Special Dietary Needs for School Meals

Child's Name: _____ Date: _____ Grade Level: _____

Medical providers must specify foods to exclude and foods to include for children with special dietary needs. This information can be provided using this form or by writing a separate diet order. Foods are listed alphabetically by food category.

Dairy Milk Allergy Lactose Intolerant Other: _____

Foods to Exclude

- Fluid Milk
- All ingredients containing milk*
- Cheese
- Yogurt
- Butter
- Cream/Ice Cream
- Baked goods made with milk
- Buttermilk
- Other, Specify:

Allowable substitutes

- Lactose-free milk
- Plant-based milk alternates
(e.g. soy, almond, and rice milk)
- Plant-based cheese alternates
- Other, Specify:

*Ingredients that contain milk include: Artificial butter or cheese flavor, Casein or caseinates, Curd, Ghee, Hydrolysates, Lactalbumin, lactalbumin phosphate, Lactose, lactoglobulin, lactoferrin, lactulose, Rennet, Whey or whey products.

Eggs Egg Allergy Other: _____

Foods to Exclude

- Eggs*
- Baked goods containing eggs
- Other, Specify:

Allowable substitutes

- Egg-free protein options
- Egg-free baked goods
- Other, Specify:

*Ingredients that contain egg include: Albumin (also spelled albumen), Egg (dried, powdered, solids, white, yolk), Eggnog, Lysozyme, Mayonnaise, Meringue (meringue powder), Ovalbumin, Surimi

Grains Wheat Allergy Celiac Disease Gluten Intolerant Other: _____

Foods to Exclude

- Wheat*
- Condiments
- Rye
- Oats
- Barley
- Other, Specify:

Allowable substitutes

- Gluten-free alternative grains
- Wheat-free alternative grains
- Rice
- Corn products
- Quinoa
- Other, Specify:

*Ingredients that contain wheat include: Bread crumbs, Bulgur, Cereal extract, Club wheat, Couscous, Cracker meal, Durum, Einkorn, Emmer, Farina, Flour (all purpose, bread, cake, durum, enriched, graham, high gluten, high protein, instant, pastry, self-rising, soft wheat, steel ground, stone ground, whole wheat), Hydrolyzed wheat protein, Kamut®, Matzoh, matzoh meal (also spelled as matzo, matzah, or matza), Pasta, Seitan, Semolina, Soy sauce (may contain wheat, not all varieties), Spelt, Sprouted wheat, Triticale, Vital wheat gluten, Wheat (bran, durum, germ, gluten, grass, malt, sprouts, starch), Wheat bran hydrolysate, Wheat germ oil, Wheat grass, Wheat protein isolate, Whole wheat berries.

Meat Vegetarian Religious Preference Other: _____

Foods to Exclude

- Beef
- Pork
- Poultry
- Lamb/Mutton
- Seafood
- Other, Specify:

Allowable substitutes

- Plant-based meat alternates (e.g. tofu)
- Eggs
- Dairy (e.g. cheese, yogurt)
- Peanuts & Peanut Butter
- Beans
- Other, Specify:

Peanut/Tree Nuts Peanut Allergy Tree Nut Allergy Other: _____

Foods to Exclude

- Peanuts & Peanut Butter
- Peanut Oil
- All Tree Nuts* & Nut Butters
- Other, Specify:

Allowable substitutes

- Soy Butter
- Sunflower Seed Butter
- Almond Butter
- Nut-free protein options

*Tree Nuts Include: Almond, Beechnut, Brazil nut, Bush nut, Butternut, Cashew, Chestnut, Filbert, Ginko nut, Hazelnut, Hickory nut, Lichee nut, Macadamia nut, Nangai nut, Pecan, Pine nut, Pistachio, Shea nut, Walnut.

Seafood Fish Allergy Shellfish Allergy Other: _____

Foods to Exclude

- Crustaceans (crab shrimp lobster)
- Mollusks (clam, mussel, oyster, scallop)
- Finned Fish*
- Caesar Dressing
- Imitation fish/crab
- Other, Specify:

Allowable substitutes

- Non-fish protein options
- Other, Specify:

*Finned Fish include: Anchovy, Bass, Catfish, Cod, Flounder, Grouper, Haddock, Hake, Halibut, Herring, Mahi mahi, Perch, Pike, Pollock, Salmon, Snapper, Sole, Swordfish, Tilapia, Trout, Tuna, Walleye.

Other Condition: _____

Foods to Exclude

- _____
- _____
- _____
- _____

Allowable substitutes

- _____
- _____
- _____
- _____

Signature of Preparer	Printed Name	Date
Signature of Medical Authority & Credentials	Printed Name	Date