

MEDICAL STATEMENT

Parent/Guardian: You have requested a meal accommodation for your child that cannot be achieved within the federal meal pattern requirements for school meals (SP 59-2016). Therefore, in order to meet your child's needs, this form must be completed and returned to the school. The form must be completed by a State Licensed Health Care Professional (Physician (MD or DO), Physician's Assistant (PA), Advance Practice Registered Nurse-Nurse Practitioner (APRN-NP), or Chiropractor. A Licensed Medical Nutrition Therapist (LMNT) may also complete and sign when acting under the consultation of the licensed physician.

Name of Child:		Date of Birth:
Name of Parent/Guardian:		Telephone:
Address:	City:	State/Zip:
Email Address:	School Building Child Attends:	Grade:
Description of student's physical or mental impairment that restricts the diet:		
Specify any dietary restrictions or special instructions for meals:		
If applicable, list foods to omit:		If applicable, list foods to substitute:
Texture Modifications:		Thickness Modifications:
Signature of State Licensed Health Care Professional:		Name of referring physician working with LMNT (if applicable):
Printed Name and Title:	Phone Number:	Date:

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, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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, audiotope, 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: AD-3027, 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;
- (2) Fax: (833) 256-1665 or (202) 690-7442; or
- (3) Email: program.intake@usda.gov

Internal Use - School Information

Return to: _____

Phone number: _____

Date form received by school: _____

Follow-up: _____

This institution is an equal opportunity provider.

