

Medical Statement for Special Dietary Needs

RSU #34 School Nutrition Program

This document must be completed and signed by the child's licensed medical provider (M.D. or D.O., PA, NP), and submitted to *Stephanie Salley, Food Service Director, RSU #34, 156 Oak Street, Old Town, ME 04468*, before meal substitutions and accommodations can be made. Incomplete forms will be returned to the parent/guardian. **PLEASE NOTE: Any changes require the submission of a new form.**

Section I. Student, Parent/Guardian Contact Information		
Student Name:	DOB:	School:
Parent/Guardian Name:		Parent/Guardian Phone:
Section II. Diet Prescription		
<u>Specify how the child's medical need restricts their diet:</u>		
<u>Specify the Type of Special Diet</u> (e.g. Diabetic, Gluten-Free): <input type="checkbox"/> N/A		
<u>Modified Texture:</u> <input type="checkbox"/> None <input type="checkbox"/> Chopped <input type="checkbox"/> Ground <input type="checkbox"/> Pureed <input type="checkbox"/> Thickened Liquids <input type="checkbox"/> Other		
<u>Food Intolerance</u> <input type="checkbox"/> None <input type="checkbox"/> Cow's Milk <input type="checkbox"/> Other (specify):		
<u>Food Allergy</u> <input type="checkbox"/> N/A <input type="checkbox"/> Milk Protein <input type="checkbox"/> Wheat <input type="checkbox"/> Soy <input type="checkbox"/> Peanuts <input type="checkbox"/> Fish <input type="checkbox"/> Eggs <input type="checkbox"/> Tree Nuts <input type="checkbox"/> Shellfish <input type="checkbox"/> Other (specify):		
Is the student at risk of anaphylaxis due to the above-mentioned food allergy? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<u>List the Foods to be Omitted:</u>		<u>List the Foods to be Substituted:</u>
Licensed Medical Provider (M.D. or D.O.,NP, PA),		
I certify that the above-named student needs modified school meals as described above because of the student's disabling medical condition which affects their diet.		
Signature:		Title: Date:
Printed Name:		Phone:
Parent/Legal Guardian Permission: I give permission for the above-named school/district to follow the specified dietary instructions on this form and agree to allow the school/district to share this information with school nutrition program staff and the school nurse. I agree to allow the provider listed on this form and school/district personnel to discuss the information listed on this form.		
Parent/Legal Guardian Signature & 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, disability, age, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the Agency ere they applied for benefits. Individuals who are deaf, heard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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: (202) 690-7442; or (3) email: program.intake@usda.gov.