

## 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 ( <i>if applicable</i> ): |
| Printed Name and Title:   | Phone Number:                  | Date:   |

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- (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](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

Internal Use - School Information

Return to: \_\_\_\_\_

Phone number: \_\_\_\_\_

Date form received by school: \_\_\_\_\_

Follow-up: \_\_\_\_\_