



MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS
 Please complete this form and email to jemerson@sanjacinto.k12.ca.us or FAX to 951-654-5302

1. District Name: San Jacinto Unified School	2. School Name:	3. School Telephone Number:										
4. Student Name:	5. Permanent Student ID#:	6. Date of Birth:										
7. Name of Parent or Guardian:		8. Telephone Number:										
9. Check One: <input type="checkbox"/> Student has a disability or a medical condition and requires a special meal or accommodation (refer to definitions on the reverse side of this form). Schools and agencies participating in federal nutrition programs must comply with requests for special meals and any adaptive equipment. <input type="checkbox"/> Student does not have a disability, but is requesting a special meal or accommodation due to food intolerance(s) or other medical reasons. Food preferences are not an appropriate use of this form. Schools and agencies participating in federal nutrition programs are encouraged to accommodate reasonable requests. A recognized medical authority (licensed physician, physician assistant, or nurse practitioner) must complete and sign this form.												
10. Description of Student's Physical or Mental Impairment Affected:												
11. Diet Prescription and/or Accommodation (please describe in detail to ensure proper implementation-use extra pages as needed):												
12. Circle Food Texture: Regular Chopped Ground Pureed												
13. Indicate Adaptive Equipment (if required):												
14. Is the Condition Life Threatening? (please circle): Yes or No												
15. Circle All Applicable Omissions OR Attach a Copy of Special Diet: <table style="width:100%; border:none;"> <tr> <td style="width:33%;">Dairy: Fluid Milk Only All Foods Containing Dairy</td> <td style="width:33%;">Egg: All Foods Containing Egg</td> </tr> <tr> <td>Fish: All Foods Containing Fish</td> <td>Peanuts: All Foods Containing Peanuts</td> </tr> <tr> <td>Sesame: Sesame Seeds All Foods Containing Sesame</td> <td>Shellfish: All Foods Containing Shellfish</td> </tr> <tr> <td>Soy: Soy Beans All Foods Containing Soy</td> <td>Tree Nuts: All Foods Containing Tree Nuts</td> </tr> <tr> <td>Wheat: All Foods Containing Wheat</td> <td></td> </tr> </table>			Dairy: Fluid Milk Only All Foods Containing Dairy	Egg: All Foods Containing Egg	Fish: All Foods Containing Fish	Peanuts: All Foods Containing Peanuts	Sesame: Sesame Seeds All Foods Containing Sesame	Shellfish: All Foods Containing Shellfish	Soy: Soy Beans All Foods Containing Soy	Tree Nuts: All Foods Containing Tree Nuts	Wheat: All Foods Containing Wheat	
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16. Additional Foods to be Omitted Not Listed Above and Suggested Substitutions:												
Foods To Be Omitted:	Suggested Substitutions:											
17. Signature of Recognized Medical Authority*:	18. Printed Name:											
19. Telephone Number:	20. Date:											

* For this purpose, a recognized medical authority in California is a licensed physician, physician assistant, or nurse practitioner.
 * The information on this form should be updated to reflect the current medical and/or nutritional needs of the participant.
 * This form is also considered valid with a certified digital signature.

District Use ONLY: (Initial & date to confirm receipt) Nutrition Services Technician: _____

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Instructions

1. **District Name:** San Jacinto Unified School District is providing the form to the parent.
2. **School Name:** Print the name of the school where meals will be served.
3. **School Telephone Number:** Print the telephone number of the school where meals will be served.
4. **Student Name:** Print the name of the student to whom the information pertains.
5. **Permanent Student ID#:** Print the permanent student identification number.
6. **Date of Birth:** Print the birthdate of the student.
7. **Name of Parent or Guardian:** Print the name of the person requesting the student's medical statement.
8. **Telephone Number:** Print the telephone number of the parent or guardian.
9. **Check One:** Indicate with a checkmark if the student has a disability or medical condition that requires a special meal accommodation.
10. **Description of Student's Physical or Mental Impairment Affected:** Describe how the physical or mental impairment restricts the student's specific diet.
11. **Diet Prescription or Accommodation:** Describe a specific diet or accommodation that has been prescribed by the state licensed healthcare professional.
12. **Circle Food Texture:** If the student does not need any modification, circle "Regular".
13. **Indicate Adaptive Equipment (if required):** Describe specific equipment required to assist the child/participant with dining (e.g., sippy cup, large handled spoon, wheel-chair accessible furniture, etc.).
14. **Is the Condition Life Threatening?:** Please circle "Yes" or "No".
15. **Circle all applicable omissions OR attach a copy of special diet:** Circle specific foods that must be omitted.
16. **Additional Foods to be Omitted Not Listed Above and Suggested Substitutions:** List additional foods that must be omitted and suggested substitutions not indicated in question 15.
17. **Signature of Recognized Medical Authority*:** Signature of state licensed healthcare professional requesting the special meal or accommodation.
18. **Printed Name:** Print name of state licensed healthcare professional.
19. **Telephone Number:** Telephone number of state licensed healthcare professional.
20. **Date:** Date state licensed healthcare professional signed form.

Definitions

Disability means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment.

Physical or mental impairment means, any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more body systems, such as: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, immune, circulatory, hemic, lymphatic, skin, and endocrine; or any mental or psychological disorder such as intellectual disability, organic brain syndrome, emotional or mental illness, and specific learning disability.

Physical or mental impairment includes, but is not limited to, contagious and noncontagious diseases and conditions such as the following: orthopedic, visual, speech, and hearing impairments, and cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disability, emotional illness, dyslexia and other specific learning disabilities, Attention Deficit Hyperactivity Disorder, Human Immunodeficiency Virus infection (whether symptomatic or asymptomatic), tuberculosis, drug addiction, and alcoholism.

Major life activities include, but are not limited to caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, writing, communicating, interacting with others, and working; and the operation of a major bodily function.

Major bodily function includes, the operation and functions of the immune system, special sense organs and skin, normal cell growth, and digestive, genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal, and reproductive systems. The operation of a major bodily function includes the operation of an individual organ within a body system.

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