MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS

1. School	2. Site Name	3. Site Phone Number
4. Name of Child		5. Age or Date of Birth
6. Name of Parent or Guardian		7. Phone Number

8. Description of Child or Participant's Physical or Mental Impairment Affected:

9. Explanation of Diet Prescription and/or Accommodation to Ensure Proper Implementation:

10. Indicate Food Texture for Above Child or Participant:

☐ **Regular** ☐ **Chopped** ☐ **Ground** ☐ **Pureed**

11. Adaptive Equipment to be Used:

12. Foods to be Omitted and Appropriate Substitutions:

Foods To Be Omitted	Suggested Substitutions

13. Signature of State Licensed Healthcare Professional*

14. Printed Name	15. Phone Number	16. Date

***For this purpose, a state licensed healthcare professional in California is a licensed physician, a physician assistant, or a nurse practitioner.**
The information on this form should be updated to reflect the current medical and/or nutritional needs of the participant.

FOR OFFICE USE ONLY:

Date Received at Site:	Staff Initial:	Date Received at Nutrition Services:	Staff Initial:

SPECIAL MEAL ACCOMMODATION/DIET ORDER CLARIFICATION

To be completed by Medical Provider. If any of this information changes please provide an updated form.

Please mark the boxes listed beside allergen(s) or restriction(s) so we can accurately plan meals.

Milk:

□ Avoid fluid milk only. Milk used in food products is OK, (i.e.) cheese, casein, lactose, whey, dry milk, etc.

□ Avoid fluid milk, cheese, yogurt, ice cream. Milk used as an ingredient in baked food products is OK

□ Avoid ALL forms of milk

Soy:

□ Avoid soy protein sources only. Other forms of soy used in food products are OK, (i.e.) lecithin, oil, sauce, etc.

□ Avoid soy milk only

□ Avoid ALL forms of soy

Egg:

□ Avoid egg as an individual food only. Eggs used in food products/baked goods are OK.

□ Avoid ALL forms of egg

Corn:

□ Avoid whole corn only. Corn used in food products is OK, (i.e.) cornstarch, corn meal, corn syrup, corn flour, corn oil, etc.

□ Avoid ALL forms of corn

Rice:

□ Avoid cooked rice only. Rice used in food products is OK, (i.e.) rice milk, rice flour, etc.

□ Avoid ALL forms of rice.

Other: Please note any other clarifications needed for this student's diet:

□_____

_____

Medical Provider Signature:_____

Medical ID #:_____ Date:_____

Instructions

1. **School**: Print the name of the school that is providing the form to the parent/guardian.
2. **Site**: Print the name of the site where meals will be served.
3. **Site Phone Number**: Print the phone number of site where meal will be served.
4. **Name of Child**: Print the name of the child to whom the information pertains.
5. **Age of Child**: Print the age of the child. For infants, please use date of birth.
6. **Name of Parent/Guardian**: Print the name of the person requesting the child's medical statement.
7. **Phone Number**: Print the phone number of parent/guardian.
8. **Description of Child's Physical or Mental Impairment Affected**: Describe how the physical or mental impairment restricts the child's diet.
9. **Explanation of Diet Prescription and/or Accommodation**: Describe a specific diet or accommodation that has been prescribed by the state licensed healthcare professional.
10. **Indicate Texture**: If the child does not need any modification, check "Regular".
11. **Adaptive Equipment to be Used**: Describe specific equipment required to assist the child with dining (e.g., sippy cup, large handled spoon, wheelchair accessible furniture, etc.).
12. **Foods to be Omitted**: List specific foods that must be omitted.
    Suggested Substitutions: List specific foods to include in the diet.
13. **Signature of State Licensed Healthcare Professional**: Signature of state licensed healthcare professional requesting the special meal or accommodation.
14. **Printed Name**: Print name of state licensed healthcare professional.
15. **Phone Number**: Phone number of state licensed healthcare professional.
16. **Date**: Date state licensed healthcare professional signed the 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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To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form (PDF), 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

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