

Medical Statement to Request Special Meals, Accommodations, Milk Substitutions

1. Site Name (School/Sponsor):	2. Name of Parent/Guardian	3. Email Address	
4. Name of Child *	5. Date of Birth	6. Telephone Number	
7. State the medical condition requiring accommodation.			
<i>This section <u>must be completed by a licensed medical authority</u>. Refer to the reverse side of this page for definitions.</i>			
8. Provide a brief description of the major life activities or bodily functions affected by the condition. * <div style="margin-top: 20px;"> Consuming foods to be omitted may result in: <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Itching <input type="checkbox"/> Swelling <input type="checkbox"/> Rash <input type="checkbox"/> Wheezing/Coughing <input type="checkbox"/> Other: </div>			
9. Describe diet prescription and/or accommodation. Must include specific foods to be excluded and substituted. *			
Foods and/or beverages to be excluded: *		Foods and/or beverages to be substituted: *	
10. Modified texture (if applicable): <input type="checkbox"/> Chopped <input type="checkbox"/> Ground <input type="checkbox"/> Puree			
11. Adaptive Equipment Needed (if applicable):			
12. Signature of Medical Authority & Credentials*	13. Printed Name*	14. Telephone Number	15. Date*
<p>I give permission for the institution's personnel responsible for implementing my child's prescribed diet order to discuss my child's special dietary accommodations with any appropriate institution staff and to follow the prescribed diet order for my child's meals. I also give permission for my child's medical authority to further clarify the prescribed diet order on this form if requested to do so by institution personnel.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>Signature of parent or guardian:</div> <div>Date:</div> </div>			

*** Required**

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A licensed medical authority is defined as an individual who has the authority to write a medical prescription.

In Utah, this includes:

- Medical Doctor (MD)
- Physician's Assistant (PA)
- Osteopathic Physicians (DO)
- Advance Practice Registered Nurses (APRN)
- Naturopathic Physicians (ND or NMD)
- For programs operating in Bureau of Indian Education schools, the Indian Health Service requires that prescribing practitioners have Drug Enforcement Administration licenses.

USDA Guidelines for Accommodating Special Dietary Needs

Institutions and agencies participating in federal nutrition programs **must** comply with requests for special dietary meals and any adaptive equipment with a documented disability and completed request form.

Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) **a person with a disability is defined as:**

Any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment.

Major Life Activities- functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

Major Bodily Functions- functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, and reproductive functions

Physical or Mental Impairment- (a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive, digestive, genitor-urinary; hemic and lymphatic; skin; and endocrine; or (b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

Record of Impairment- having a history of or have been classified (or misclassified) as having a mental or physical impairment that substantially limits one or more major life activities. Individuals who take mitigating measures to improve or control any of the conditions recognized as a disability, are still considered to have a disability and require an accommodation.

Medical Authority Checklist: Foods to Exclude and Substitute

Child Name: _____

Date: _____

This form may be used in conjunction with the "Medical Statement to Request Special Meals..." form to allow medical providers to elaborate on exclusions/substitutions for children with special dietary needs.

Dairy

Foods to Exclude:

- ☐ All foods containing milk*
- ☐ Baked goods made with milk
- ☐ Fluid Milk
- ☐ Buttermilk
- ☐ Butter
- ☐ Cheese
- ☐ Cream/Ice Cream
- ☐ Yogurt
- ☐ Other (specify):

Allowable substitutes:

- ☐ Lactose-free milk
- ☐ Plant-based milk alternates (e.g. soy, almond, and rice milk)
- ☐ Other (specify):

*Ingredients that contain milk include: Artificial butter or cheese flavor, Casein or caseinates, Curd, Ghee, Hydrolysates, Lactalbumin, lactalbumin phosphate, Lactose, lactoglobulin, lactoferrin, lactulose, Rennet, Whey or whey products.

Eggs

Foods to Exclude:

- ☐ All foods containing eggs*
- ☐ Eggs
- ☐ Other (specify):

Foods to substitute:

*Ingredients that contain egg include: Albumin (also spelled albumen), Egg (dried, powdered, solids, white, yolk), Eggnog, Lysozyme, Mayonnaise, Meringue (meringue powder), Ovalbumin, Surimi

Grains

Foods to Exclude:

- ☐ All foods containing wheat*
- ☐ All foods containing gluten
- ☐ Rye
- ☐ Barley
- ☐ Other (specify):

Allowable substitutes:

- ☐ Rice
- ☐ Corn products
- ☐ Quinoa
- ☐ Oats
- ☐ Other (specify):

*Ingredients that contain wheat include: Bread crumbs, Bulgur, Cereal extract, Club wheat, Couscous, Cracker meal, Durum, Einkorn, Emmer, Farina, Flour (all purpose, bread, cake, durum, enriched, graham, high gluten, high protein, instant, pastry, self-rising, soft wheat, steel ground, stone ground, whole wheat), Hydrolyzed wheat protein, Kamut®, Matzoh, matzoh meal (also spelled as matzo, matzah, or matza), Pasta, Seitan, Semolina, Soy sauce (may contain wheat, not all varieties), Spelt, Sprouted wheat, Triticale, Vital wheat gluten, Wheat (bran, durum, germ, gluten, grass, malt, sprouts, starch), Wheat bran hydrolysate, Wheat germ oil, Wheat grass, Wheat protein isolate, Whole wheat berries.

Meat

Foods to Exclude:

- ☐ Beef
- ☐ Pork
- ☐ Poultry
- ☐ Lamb/Mutton
- ☐ Other (specify):

Allowable substitutes:

- ☐ Tofu
- ☐ Eggs
- ☐ Dairy
- ☐ Nuts/nut butters
- ☐ Beans
- ☐ Other (specify):

Nuts

Foods to Exclude:

- ☐ Peanuts & Peanut Butter
- ☐ Peanut Oil
- ☐ All Tree Nuts* & Nut Butters
- ☐ Other (specify):

Allowable substitutes:

- ☐ Soy Butter
- ☐ Sunflower Seed Butter
- ☐ Almond Butter
- ☐ Other (specify):

*Tree Nuts Include: Almond, Beechnut, Brazil nut, Bush nut, Butternut, Cashew, Chestnut, Filbert, Ginko nut, Hazelnut, Hickory nut, Lichee nut, Macadamia nut, Nangai nut, Pecan, Pine nut, Pistachio, Shea nut, Walnut.

Seafood

Foods to Exclude:

- ☐ Crustaceans (crab, shrimp, lobster)
- ☐ Mollusks (clam, mussel, oyster, scallop)
- ☐ Finned Fish*
- ☐ Caesar Dressing
- ☐ Imitation fish/crab
- ☐ Other (specify):

Foods to substitute:

*Finned Fish include: Anchovy, Bass, Catfish, Cod, Flounder, Grouper, Haddock, Hake, Halibut, Herring, Mahi mahi, Perch, Pike, Pollock, Salmon, Snapper, Sole, Swordfish, Tilapia, Trout, Tuna, Walleye.

Other

Foods to Exclude:

Foods to substitute:

Signature of Preparer:	Printed Name:	Date:
Signature of Medical Authority & Credentials:	Printed Name:	Date: