Medical Statement to Request Special Meals, Accommodations, and Milk Substitutions

1. School/Agency	2. Site	3. Site Manager & Telephone Number
4. Name of Student		5. Age or Grade
6. Name of Parent or Guardian		7. Telephone Number

8. Check One Box:

☐ Student has a disability which *requires* a special meal or accommodation. (Refer to definitions on reverse side of this form.) A *licensed medical physician* must sign this form.

☐ 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 *may* accommodate reasonable requests. A *licensed medical physician, physician's assistant, registered nurse, nurse practitioner, or registered dietitian* must sign this form.

☐ The student does not have a disability. A fluid milk substitution is being requested for the student. Schools and agencies participating in federal nutrition programs *may* choose to accommodate this request by providing a USDA approved fluid milk substitute. A *licensed medical physician, physician's assistant, registered nurse, nurse practitioner, registered dietitian, parent, or guardian* must sign this form.

9. State the disability or medical condition requiring a special meal, accommodation, or fluid milk substitute.

10. If student has a disability, provide a brief description of the major life activity affected by the disability.

11. Diet prescription and/or accommodation: (Please describe in detail to ensure proper implementation.)

12. Indicate texture: ☐ Regular ☐ Chopped ☐ Ground ☐ Pureed

13. Specific foods to be omitted and substituted. You may attach a sheet with additional information.

A. Foods to be Omitted	B. Foods to be Substituted

14. Adaptive Equipment Needed:

15. Signature of Preparer	16. Printed Name	17. Telephone Number	18. Date
19. Signature of Medical Authority and Credentials	20. Printed Name	21. Telephone Number	22. Date

23. To be completed by the LEA/School: ☐ Additional information needed ☐ Approves request ☐ Denies request

LEA Comments:

This information may be shared with the school nurse or other administrative staff to accommodate the student in all school activities.