

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. State the medical condition requiring a special meal, accommodation, or fluid milk substitute.			
9. Does the disability or medical condition affect major life activities or major bodily functions? Select one of the following.* <input type="checkbox"/> This condition affects major life activities (included but not limited to caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working). <input type="checkbox"/> This condition affects major bodily functions (including but not limited to functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions). <input type="checkbox"/> This condition does not affect major life activities or major bodily functions. According to the ADA Amendments Act of 2008, The term 'disability' means, with respect to an individual, a physical or mental impairment that substantially limits one or more major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment." The major life activities include the major life activities and major bodily functions listed above. The USDA has adopted this definition of a disability with regard to child nutrition programs.			
10. Provide a brief description of the major life activity or bodily function affected by the disability.*			
11. Diet prescription and/or accommodation.* (Must include specific foods to be omitted and substituted . Please fill out Attachment A or a diet order if needed.)			
12. Indicate texture: <input type="checkbox"/> Regular <input type="checkbox"/> Chopped <input type="checkbox"/> Ground <input type="checkbox"/> Pureed			
13. Adaptive Equipment Needed:			
14. Signature of Preparer	15. Printed Name	16. Telephone Number	17. Date
18. Signature of Medical Authority & Credentials*	19. Printed Name*	20. Telephone Number	21. Date*
22. To be completed by the LEA/School: <input type="checkbox"/> Additional information needed <input type="checkbox"/> Approves request <input type="checkbox"/> Denies request			
LEA Comments:			

*Required

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

Instructions

This form must be kept on file at the school site. The following instructions are provided to assist in completing this form. If you have specific questions, please contact the Utah State Board of Education Child Nutrition Program at (801) 538-7755.

8. State the medical condition requiring a special meal, accommodation, or fluid milk substitute: Describe the medical condition that requires a special meal, accommodation, or fluid milk substitute (e.g., juvenile diabetes, allergy to peanuts, PKU, etc.)

9. Check One: Check (✓) a box to indicate whether a participant has a disability. When a condition affects the child's major life activities or a major bodily function, the child is considered to have a disability.

10. If Student has a disability, provide a brief description of the major life activity affected by the disability: Describe how the physical or medical condition affects the disability. For example, "Allergy to peanuts causes a life-threatening reaction."

11. Diet prescription and/or accommodation: Describe a specific diet or accommodation that has been prescribed by a physician, or describe the diet modification requested for a non-disabling condition. For example, "All foods must be either in liquid or pureed form. Participant cannot consume any solid foods." **Include specific foods to be omitted and substituted:** Use attachment A or write a specific diet order with this information if needed.

12. Indicate texture: Check (✓) a box to indicate the type of food texture required. If no texture modification is needed, check regular.

13. Adaptive Equipment Needed: Describe specific equipment required to assist the participant with dining. Examples could include: Sippy cup, large handled spoon, wheel-chair accessible furniture, etc.

18. Signature of Medical Authority and Credentials: The State of Utah recognizes the following as licensed medical authorities (SP 32-15), Physician (M.D.), Physician Assistant (P.A.), Osteopathic Physician (D.O.), Advance Practice Registered Nurse (A.P.R.N.), Naturopathic Physician (N.D. or N.M.D.)

Definitions

A Person with a Disability- any person who has a physical or mental impairment which substantially limits one or more major life activities or major bodily functions, has a record of such impairment, or is regarded as having such an impairment.

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.

Major Life Activities-functions such as caring for one's self, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. Major Bodily Functions-such as functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, and reproductive functions.

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.

USDA Guidelines for Accommodating Special Dietary Needs

Disability-Schools 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.

Non-disability-Schools and agencies participating in federal nutrition programs **may** comply with requests for non-disabling medical conditions. Accommodations will be made on a case-by-case basis. However, if accommodations are made for a specific medical condition, complete requests for the same medical condition must be accommodated.

Fluid Milk Substitutions-Fluid milk substitutions apply to non-disability requests. Schools and agencies participating in federal nutrition program **may** accommodate complete requests with a USDA approved non-milk equivalent. If accommodations are made for one student requesting a fluid milk substitute, accommodations must be made for all students requesting a fluid milk substitute. (USDA FNS, Guidance Related to the ADA Amendments Act, NSLP Bulletin 36-2013, Retrieved 5/12/2014.