Medical Statement to Request School Meal Modification

Important! Select the applicable meal modification category from the three listed below. Then carefully read and follow the procedures for that category. The school will return incomplete Medical Statements to the parent/guardian. If you have questions about this form, the school contact named in Part A below will assist you.

1. Modification due to a disability:

- A school is required to make meal modifications prescribed by a licensed physician to accommodate a student's disability. See the definition of disability on the back of this form.
- Part B of this form must be completed by a licensed physician (MD or DO).
- Parts A and C of this form must also be completed before the school can make meal modifications.
- The meal modifications will continue until a licensed physician requests that the modifications be changed or stopped on Form 19-C, which is available from the school.
- It is strongly recommended that a licensed physician annually update the prescribed diet order.

2. Modification due to a food allergy/intolerance, or other medical condition that does not rise to the level of a disability:

- A school has the option to make meal modifications prescribed by a medical authority due to a food allergy/intolerance or other medical condition that does not rise to the level of a disability.
- Part B of this form must be completed by a medical authority who is a licensed physician (MD or DO), physician's assistant (PA), or advanced registered nurse practitioner (ARNP).
- Parts A and C of this form must also be completed before the school can make meal modifications.
- If a school chooses to make the meal modifications, they will continue until a medical authority requests that the
 modifications be changed or stopped on Form 19-C, which is available from the school.
- It is strongly recommended that a medical authority annually update the prescribed diet order.

3. Substitution for fluid cow's milk due to lactose intolerance, allergy, vegan diet, religious, ethical or cultural reasons:

- A school has the option to make a substitution for fluid cow's milk that is requested by a parent/guardian, but that is not
 prescribed by a medical authority.
- Parts A and D of this form must be completed before the school can make a substitution for fluid cow's milk.
- If a school chooses to provide such a substitution, they will continue until a parent/guardian requests that the substitution be changed or stopped on Form 19-C, which is available from the school.

Part A. Student, Parent/Guardian & School Contact Information – To be completed by a parent/guardian or school contact person						
Student's Name:		Date of Birth:	School:			
Parent/Guardian's Name:		Parent/Guardian's Phone:				
School Contact's Name:		School Contact's Phone:				
Part B. Prescribed Diet Order – This part must be completed by a medical authority as specified above.						
Check ONE: Disability OR Food allergy/int	colerance or other medic	al condition that does no	ot rise to the level of a dis	sability		
Specify the disability, food allergy/intolerance or medical condition related to the prescribed diet order.						
3. If the student has a disability, what major life activity is affected? Example: Allergy to peanuts affects ability to breathe.						
4. Type of Special Diet: ☐ Check if not applicable OR specify the type of special diet (e.g. low sodium, gluten-free, diabetic, etc.).						
5. Modified Texture:	☐ Not Applicable	☐ Chopped	Ground	☐ Pureed		

6. Modified Thickness of Liquids:	☐ Not Applicable	☐ Nectar	Honey	☐ Spoon or Pudding Thick	
7. Special Feeding Equipment: Check if not applicable OR list spe	cial feeding equipment	(e.g. large handled spo	oon, sippy cup, etc.).		
8. Foods to be Omitted and Substituted:					
Check if not applicable OR list spe sheet of paper.	cific foods to be omitted	d and substituted. If mo	re space is needed, sig	n and attach additional	
IMPORTANT: For a student who does (1) lactose-free fluid cow's milk or (2) a regulations. Currently the only bevera	a non-dairy beverage w	ith a nutrient profile equ	uivalent to fluid cow's m		
Omit Foods Listed Be		Substitute Foods Listed Below:			
O Madical Authority's Information					
Medical Authority's Information					
Signature:		Title:		<u> </u>	
Printed Name:		Phone:		Date:	
Part C. Parent/Guardian Permission – To be completed by a parent/guardian					
I give permission for school personnel responsible for implementing my child's prescribed diet order to discuss my child's special dietary accommodations with any appropriate school staff and to follow the prescribed diet order for my child's school 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 school personnel.					
Parent/Guardian's Signature:		Date:			
Part D. Request Substitution for Fluid Ethical Reasons – To be completed by		ctose Intolerance, All	ergy, Vegan Diet, Reli	gious, Cultural or	
Instead of fluid cow's milk, please provide the student named in Part A. of this form with the following substitute (Check ONE):					
☐ Lactose-free cow's milk ☐ Non-dairy beverage with a nutrient profile equivalent to fluid cow's milk per federal regulations					
Parent/Guardian's Signature:		Date:			
Definition of Disability: Under Section 504 of the Rehabilitation A "any person who has a physical or menta impairment, or is regarded as having suc	al impairment which sub				
Major life activities covered by this definit speaking, breathing, learning, working ar to, such diseases, conditions, and functio Orthopedic, visual, speech and hea Cerebral Palsy, Epilepsy, Muscular	nd major bodily function		or mental impairment" ir	ncludes, but is not limited	
Digestive, bowel and bladderNeurological and brainRespiratoryCancer	ring impairments	Sclerosis • Metab • Food • Menta • Emoti	ovascular, circulatory a polic and endocrine anaphylaxis (severe for al retardation onal illness addiction and alcoholisi	od allergy)	

have a disability and require an accommodation.

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