

Medical Statement for Child Requiring Special Meals Due to a Disability

Child Name: _____ Site Code: _____

Birth Date: _____ Site Name: _____

Parent Name: _____

Address: _____

Phone: _____

To be Completed by a Licensed Medical Authority or Registered Dietitian:

The site will make diet modifications for a disability **ONLY** when an approved State medical authority or a Register Dietitian prescribes omitted foods and appropriate substitutions. If diet modifications are implemented by the site, they will continue until a State approved medical authority or Registered Dietitian specifies that they should be changed or stopped.

Disability:

Identify the disability (see definition on the next page) that causes the child to require diet modifications.

Describe the major life activities, affected by the disability, that require diet modifications.

Diet Prescription: Check all that apply.

☐ Diabetic meal plan. Please specify _____

☐ Gluten-free meal plan. Please omit all products containing wheat, rye, barley and oats.

☐ Modified texture: ☐ Regular ☐ Chopped ☐ Ground ☐ Pureed

☐ Other (describe): _____

☐ Modified thickness of liquids: ☐ Regular ☐ Nectar ☐ Honey ☐ Pudding

☐ Other (describe): _____

List the specific food(s) to be omitted and food(s) that may be substituted. If more space is needed for omitted foods or substitutions, please attach an additional page.

Meal Modification Start Date: _____ End Date: _____

Omit Foods Listed Below:

Substitute Foods Listed Below:

Continued on Next Page.

Comments:**Medical Authority or Registered Dietitian Certification:**

I certify that the child named on this form needs the prescribed food and/or beverage omission(s) and substitution(s) due to his/her disability/disabilities.

Physician or Dietitian Printed Name

Physician or Dietitian Signature

Phone Number

Date

Preparer or Other Contact's Signature

Phone Number

Date

Parent/Guardian's Consent:

I hereby give permission for the site staff to make the prescribed food and/or beverage omission(s) and substitution(s) in my child's meals. Furthermore, should the site staff require additional information to clarify how to carry out the diet prescription or food omissions and substitutions; I hereby give permission for my child's physician or dietitian to provide any additional information necessary to clarify the diet prescription written on this form.

Parent/Guardian Signature

Date

Definition of Disability:

Federal regulations governing the Child Nutrition Programs provide that sites must make substitutions in breakfasts, lunches and afterschool snacks for children who are considered to have a disability and whose disability restricts their diet.

Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA), a "person with a disability" means "any person who has a physical or mental impairment which substantially limits one or more major life activity, has a record of such impairment, or is regarded as having such an impairment." The term "physical or mental impairment" includes, but is not limited to, such diseases and conditions as:

- Cancer
- Cerebral Palsy
- Drug addiction and alcoholism
- Emotional illness
- Epilepsy
- Food anaphylaxis (severe food allergy)
- Heart disease
- HIV
- Mental impairment
- Metabolic diseases, such as diabetes or phenylketonuria (PKU)
- Multiple Sclerosis
- Muscular Dystrophy
- Orthopedic, visual, speech and hearing impairments
- Specific learning disabilities
- Tuberculosis

The Individuals with Disabilities Education Act (IDEA) includes the following conditions:

- Autism
- Deaf-blindness
- Deafness or other hearing impairments
- Emotional disturbance
- Mental impairment
- Multiple disabilities
- Orthopedic impairments
- Other health impairments due to chronic or acute health problems, such as asthma, diabetes, nephritis, sickle cell anemia, a heart condition, epilepsy, rheumatic fever, hemophilia, leukemia, lead poisoning, or tuberculosis
- Specific learning disabilities
- Traumatic brain injury
- Visual impairment, including blindness which adversely affects a child's educational performance

Major life activities covered by this definition include caring for one's self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

This institution is an equal opportunity provider.