

# Medical Statement for Dietary Disability - School Meal Modification

**Important!** Carefully read and follow the procedures for a dietary disability. 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.

**Modification due to a dietary disability:**

- A school is required to make meal modifications prescribed by a licensed physician, advanced practice nurse with prescriptive authority or physician assistant to accommodate a student's dietary disability.
- If this is a life-threatening food allergy resulting in anaphylaxis, ensure the Allergy & Anaphylaxis Action Plan form is completed by school nursing staff.

**Definition of Disability:**  
 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."

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. Major life activities also includes "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. The term "physical or mental impairment" includes, but is not limited to, such diseases and conditions as:

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

**Filling out Form:**

- Part B of this form must be completed by a licensed physician (MD or DO), advanced practice nurse (APN) with prescriptive authority (RXN) or physician assistant (PA).
- 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, advanced practice nurse with prescriptive authority or physician assistant requests that the modifications be changed or stopped on Form SD-3, which is available from the school.
- It is strongly recommended that a licensed physician, advanced practice nurse with prescriptive authority or physician assistant annually update the prescribed diet order.

**Part A. Student, Parent/Guardian & School Contact Information** – To be completed by a parent/guardian or school contact person

1. Student's Name:	2. Date of Birth:	3. School:
4. Parent/Guardian's Name:	5. Parent/Guardian's Phone:	
6. School Contact's Name:	7. School Contact's Phone:	

**Part B. Prescribed Diet Order** – This part must be completed by a licensed physician, advanced practice nurse with prescriptive authority or physician assistant as specified above.

1. Specify the disability, food allergy/intolerance or medical condition and explain why the disability restricts the child's diet.

2. What major life activity is affected by this student's disability? Example: Allergy to peanuts affects ability to breathe.



3. Type of Special Diet: <input type="checkbox"/> Check if not applicable OR specify the type of special diet (e.g. low sodium, gluten-free, diabetic, etc.).				
4. Modified Texture:	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Chopped	<input type="checkbox"/> Ground	<input type="checkbox"/> Pureed
5. Modified Thickness of Liquids:	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Nectar	<input type="checkbox"/> Honey	<input type="checkbox"/> Spoon or Puuding Thick
6. Special Feeding Equipment: <input type="checkbox"/> Check if not applicable OR list special feeding equipment (e.g. large handled spoon, sippy cup, etc.).				
7. Foods to be Omitted and Substituted:  List specific foods to be omitted and substituted. If more space is needed, sign and attach additional sheet of paper.				
Omit Foods Listed Below:			Substitute Foods Listed Below:	
8. Licensed Physician/Advanced Practice Nurse with Prescriptive Authority/Physician Assistant Information				
Signature:			Title:	
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. I also give permission for my child’s licensed physician, advanced practice nurse with prescriptive authority or physician assistant to further clarify the prescribed diet order on this form if requested to do so by school personnel.

Parent/Guardian’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights; 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.