

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

1. School/Agency NAATSIS'AAN COMMUNITY SCHOOL	2. Site NAATSIS'AAN COMMUNITY SCHOOL	3. Site Manager & Telephone Number MRS. JUNE HURLEY / (928) 672-2335						
4. Name of Student		5. Age or Grade						
6. Name of Parent or Guardian		7. Telephone Number						
<p>8. Check One Box: Student has a <u>disability</u> which <i>requires</i> a special meal or accommodation. (Refer to definitions on reverse side of this form.) <i>A licensed medical physician</i> must sign this form.</p> <p style="margin-left: 40px;">Student <u>does not have a disability</u>, 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 <i>may</i> accommodate reasonable requests. <i>A licensed medical physician, physician's assistant, registered nurse, nurse practitioner, or registered dietitian</i> must sign this form.</p> <p style="margin-left: 40px;">The student <u>does not have a disability</u>. A fluid milk substitution is being requested for the student. Schools and agencies participating in federal nutrition programs <i>may</i> choose to accommodate this request by providing a USDA approved fluid milk substitute. <i>A licensed medical physician, physician's assistant, registered nurse, nurse practitioner, registered dietitian, parent, or guardian</i> must sign this form.</p>								
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.)								
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">12. Indicate texture:</td> <td style="width: 25%; text-align: center;">Regular</td> <td style="width: 25%; text-align: center;">Chopped</td> <td style="width: 25%; text-align: center;">Ground</td> <td style="width: 20%; text-align: center;">Pureed</td> </tr> </table>				12. Indicate texture:	Regular	Chopped	Ground	Pureed
12. Indicate texture:	Regular	Chopped	Ground	Pureed				
13. Specific foods to be omitted and substituted. You may attach a sheet with additional information.								
<p style="text-align: center;">A. Foods to be Omitted</p> <hr style="border: 0.5px solid black;"/> <hr style="border: 0.5px solid black;"/> <hr style="border: 0.5px solid black;"/> <hr style="border: 0.5px solid black;"/>		<p style="text-align: center;">B. Foods to be Substituted</p> <hr style="border: 0.5px solid black;"/> <hr style="border: 0.5px solid black;"/> <hr style="border: 0.5px solid black;"/> <hr style="border: 0.5px solid black;"/>						
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					

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

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 **June Hurley** at **(928) 672-2335 ext: 208**

8. Check One: Check (✓) a box to indicate whether a participant has a disability, non-disability, or need for a fluid milk substitute. The appropriate authority must sign based on the request.

9. State Disability or 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.)

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."

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

13. Specific foods to be omitted and substituted: List specific foods to be omitted and substituted. Attach a sheet with additional information if needed.

Foods to be Omitted: List specific foods to be omitted. For example, "peanut butter"

Foods to be Substituted: List specific foods to be substituted. For example, "peanut free soy butter or SunButter®."

14. 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.

Definitions

A Person with a Disability- any person who has a physical or mental impairment which substantially limits one or more major life activities, 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, walking, seeing, hearing, speaking, breathing, learning, and working.

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.

***Citations from Section 504 of the Rehabilitation Act of 1973**

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.

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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.