MEDICAL STATEMENT

REQUEST FOR MEAL ACCOMMODATION DUE TO MEDICAL CONDITION:

A licensed physician, physician assistant, nurse practitioner, naturopathic medical doctor or dentist must sign this form (line 14) CACFP, NSLP or SBP- Registered Dietitian may sign this form.

(1) Name of Student/ Participant	(2) Date of Birth	(3) District/Organization	(4) School/Site

(5) Name of Parent /Guardian, or Auth. Rep.	(6) Telephone (Parent /Guardian, or Auth. Rep.)

(7) Determination

By completing this form, it was determined that the Student/Participant has a medical condition or is disabled and requires a special meal or accommodation based on the following criteria:

The Americans with Disabilities Act (ADA) Amendments Act of 2008 made important changes to the meaning and interpretation of the term "disability." The changes demonstrated Congress's intent to restore the broad scope of the ADA by making it easier for an individual to establish that he or she has a disability. After the passage of the ADA Amendments Act, **most physical and mental impairments constitute a disability**. Therefore, rather than focusing on whether or not a participant has a disability, sponsors focus on working collaboratively with parents, guardians or participants to ensure an equal opportunity to participate in the Child Nutrition Programs and receive program benefits.

"Disabled person" *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 impairment.*

"Physical or mental impairment" *means (1) 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; genitourinary; hemic and lymphatic; skin; and endocrine; or (2) any mental or psychological disorder, such as intellectual disability, organic brain syndrome, emotional or mental illness, and specific learning disabilities.*

"**Major life activities**" *are broadly defined and include, but are 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. "Major life activities" also include the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions. (See 29 USC § 705(9) (b) and 42 USC § 12101.)*

(8) Provide a brief description of student/participant's physical or mental impairment that substantially limits one or more major life activity:

(9) Diet prescription and/or accommodation: (Please describe in detail to ensure proper implementation)

(10) Indicate texture: ☐ Regular ☐ Chopped ☐ Ground ☐ Pureed ☐ Liquid ☐ Other (describe)

Instructions: Please list specific foods to be omitted and recommend alternatives. You may use the back of this form or attach a sheet with additional information.

(11) Foods to be Omitted	(12) Recommended Alternatives

(13) Adaptive Equipment:

(14) Signature of Medical Authority	(15) Medical Authority Printed Name	(16) Telephone	(17) Date
(18) Signature of Parent/Guardian	**(19) Printed Name**	**(20) Telephone**	**(21) Date**

The information on this form should be updated periodically to reflect any changes to the medical and/or nutritional needs of the participant.

INSTRUCTIONS: Fill in the fields with the following information

1) Individual who will receive the meal.
2) Date of Birth of participant
3) Name of the organization where Child Nutrition Program meals will be served.
4) Location where meal will be served (e.g., school site, childcare center, community center, RCCI.)
5) Name of student/participant's parent, guardian, or authorized representative (i.e., individual responsible for the care of student/participant in CNP program).
6) Telephone number of guardian, parent, or authorized representative.
7) Determination of medical condition or disability with definitions.
8) Describe how condition affects eating. For example: "Allergy to peanuts causes anaphylactic shock which causes trouble breathing, choking, and potential death unless epinephrine injection is given immediately to the child and the child is sent to the emergency room for follow-up treatment."
9) Describe specific diet or accommodation that has been prescribed by a physician. For example, "All foods must be either in liquid or pureed form. Child cannot consume any solid foods."
10) Check the type of texture of food that is required. If the participant does not need any modification check "regular." The "other" category might be used to specify when various liquid consistencies are prescribed (i.e., thin, nectar, honey, pudding).
11) List specific foods that need to be omitted. For example, "exclusion of fluid milk."
12) List specific foods to include in the diet. For example, "lactose reduced milk, soy milk."
13) Describe specific equipment required to feed the participant. (Examples may include tippy cup, large handled spoon, wheel-chair accessible furniture, etc.)
14) Signature of medical authority requesting the special meal or accommodation.
15) Print name of medical authority.
16) Telephone number of medical authority.
17) Indicate when form was completed.
18) Signature of parent/guardian.
19) Print name of parent/guardian.
20) Telephone number of parent/guardian.
21) Indicate when form was completed.