Office of School and Community Nutrition Programs
Virginia Department of Education

Children with Disabilities and Special Dietary Needs

Schools participating in a federal school meal program, such as the National School Lunch Program, School Breakfast Program, Fresh Fruit and Vegetable Program, Special Milk Program, Seamless Summer Option, and/or Afterschool Snack Program, are required to make reasonable accommodations for children who are unable to eat the school meals because of a disability that restricts the diet.

Licensed Medical Authority's Statement for Children with Disabilities

U.S. Department of Agriculture (USDA) regulations at 7CFR Part 15b require substitutions or modifications in school meals for children whose disabilities restrict their diets. School food authorities (SFAs) must provide modifications for children on a case-by case basis when requests are supported by a written statement from a state licensed medical authority or a registered dietitian.

The third page of this document (*Dietary Modification Medical Statement Form*) may be used to obtain the required information from the registered dietitian or licensed medical authority. For this purpose, a state licensed medical authority in Virginia includes a licensed physician, physician assistant, or nurse practitioner. Effective July 1, 2025 for school meal programs and effective October 1, 2025 for the Child and Adult Care Food Program, registered dietitians can provide the required information to complete the *Dietary Modification Statement Form*.

The written medical statement must include:

- an explanation of how the child's physical or mental impairment restricts the child's diet;
- an explanation of what must be done to accommodate the child; and
- the food or foods to be omitted and recommended alternatives, if appropriate.

Other Special Dietary Needs

School food service staff may make food substitutions for individual children who do not have a medical statement on file. Such determinations are made on a case-by-case basis and all accommodations must be made according to USDA's meal pattern requirements. Schools are

encouraged, but not required, to have documentation on file when making menu modifications within the meal pattern.

Special dietary needs and requests, including those related to general health concerns, personal preferences, and moral or religious convictions, are not disabilities and are optional for SFAs to accommodate. Meal modifications for non-disability reasons are reimbursable provided that these meals adhere to program regulations.

Rehabilitation Act of 1973 and the Americans with Disabilities Act

Under Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990, and the ADA Amendments Act of 2008, a person with a disability means any person with a physical or mental impairment that substantially limits one or more major life activities or major bodily functions, has a record of such an impairment, or is regarded as having such an impairment. A physical or mental impairment does not need to be life threatening in order to constitute a disability. If it limits a major life activity, it is considered a disability.

Major life activities 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. A major life activity also includes the operation of a major bodily function, including but not limited to: functions of the immune system; normal cell growth; and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

Individuals with Disabilities Education Act

A child with a disability under Part B of the Individuals with Disabilities Education Act (IDEA) is described as a child evaluated in accordance with IDEA as having one or more of the recognized thirteen disability categories and who, by reason thereof, needs special education and related services. The Individualized Education Program (IEP) is a written statement for a child with a disability that is developed, reviewed, and revised in accordance with the IDEA and its implementing regulations. When nutrition services are required under a child’s IEP, school officials need to ensure that school food service staff is involved early in decisions regarding special meals. If an IEP or 504 plan includes the same information that is required on a medical statement (see section 1, above), then it is not necessary to get a separate medical statement.

School Nutrition Program Contact

For more information about requesting accommodations to school meals and the meal service for students with disabilities at Warren County Public Schools (school/division name), please contact:

Nutrition Director: Nickole Brown

Phone Number: 540-631-0040 ext 4

Email Address: nbrown@wcps.k12.va.us

USDA Nondiscrimination Statement

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, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint 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, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

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Dietary Modification
Medical Statement Form
2026-2027

Instructions: This form must be signed by a registered dietitian or a licensed healthcare professional, such as a licensed physician, physician assistant, or nurse practitioner. The school/division may contact the licensed healthcare professional for clarification of information provided on this form. Return this form to your child's school. This form must be submitted to ensure meal substitutions are made for children with disabilities. Mid-year changes require the submission of an updated and signed form.

Child's name: Click or tap here to enter text.

Child's date of birth: Click or tap here to enter text.

Grade level/classroom: Click or tap here to enter text.

Name of School/Site: Click or tap here to enter text.

Name of Parent/Guardian: Click or tap here to enter text.

Phone Number of Parent/Guardian: Click or tap here to enter text.

_____

Signature of Parent/Guardian

Date: Click or tap here to enter text.

Provide an explanation of how the student's physical or mental impairment restricts the student's diet: Click or tap here to enter text.

Describe the specific diet or necessary modifications prescribed by the state licensed medical authority to accommodate the student's needs: Click or tap here to enter text.

List the food or foods to be omitted (please be specific) and recommended alternatives, if appropriate. Foods to be omitted: Click or tap here to enter text.

Suggested substitutions: Click or tap here to enter text.

Indicate texture modifications, if applicable:

☐ Chopped/Cut into bite sized pieces

☐ Ground/Finely Ground

☐ Pureed

☐ Other

List any required special adaptive equipment: Click or tap here to enter text.

_____

Signature of registered dietitian or licensed healthcare professional[1]

Printed name and title of registered dietitian or licensed healthcare professional: Click or tap here to enter text.

Date: Click or tap here to enter text.

Provider phone number: Click or tap here to enter text.

Health Insurance Portability and Accountability Act Waiver

Signing the following section is optional but may prevent delays by allowing the school to speak with the physician/medical authority.

In accordance with the provisions of the Health Insurance Portability and Accountability Act of 1996 and the Family Educational Rights and Privacy Act, I hereby authorize Click or tap here to enter text. (medical authority) to release such protected health information of my child as is necessary for the specific purpose of Special Diet information to Click or tap here to enter text. (school/program) and I consent to allow the physician/medical authority to freely exchange the information listed on this form and in their records concerning my child with the school program as necessary. I understand that I may refuse to sign this authorization without impact on the eligibility of my request for a special diet for my child. I understand that permission to release this information may be rescinded at any time except when the information has already been released. My permission to release this information will expire on Click or tap here to enter text. (date). This information is to be released for the specific purpose of Special Diet information.

The undersigned certifies that he/she is the parent, guardian or representative of the person listed on this document and has the legal authority to sign on behalf of that person.

_____

Parent/Guardian Signature

Date: Click or tap here to enter text.

This institution is an equal opportunity provider.

[1] A licensed healthcare professional in the state of Virginia is defined as a licensed physician, physician assistant, or nurse practitioner.