

Medical Statement To Request Special Meals and/or Accommodations

NOTICE: The information on this form is CONFIDENTIAL and to be used for special dietary needs only.

1. Parent, Guardian, Authorized Representative completes this section; complete a separate medical statement for each student.

Student	Age/Grade	District / RCCI	School / Site	
Parent, Guardian or Authorized Representative	(907) Telephone (Parent, Guardian or Auth. Rep)	(907) School / Site Telephone	Date	

2. Licensed Physician, Physician’s Assistant, Registered Dietitian, Licensed Nutritionist or Registered Nurse completes this section.

Must check **one only**; refer to definition of disability and medical condition on reverse side of this form.

2.1 Student is disabled or has a food related disability and *requires* a special meal or accommodation.

- A Licensed Physician must complete this form and sign #4 below.
- School/Site must comply with prescribed special meals and any adaptive equipment.

2.2 Student is not disabled, but is *requesting* a special meal or accommodation.

- Licensed Physician, Physician’s Assistant, Registered Dietitian, Licensed Nutritionist, or Registered Nurse completes the form and must sign #5 below.
- Substitutions and/or accommodations may be made, but are not required.

3.1 Identify disability or food related disability requiring a special meal accommodation:

3.2 Explanation of why the disability restricts the student’s diet:

3.3 If student is disabled, provide a description of major life activity affected by the disability:

3.4 Other Food Accommodations: Texture: Regular Chopped Ground Pureed Tube Feeding

3.5 Adaptive Equipment:

3.6 Diet prescription/request: Foods to be omitted and substitutions:

- List specific foods or food types to be omitted and suggested substitutions.
- Attach additional information if appropriate with signature and date.

Food(s) / food types to be omitted

Suggested substitution(s)

_____	_____
_____	_____
_____	_____

4. Completed by only a Licensed Physician for a student with a disability or food related disability, and which requires a special food, meal, or accommodation.

Signature of Physician	Printed Name and Title	() Telephone	Date
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5. Completed by either a Licensed Physician, Physician’s Assistant, Registered Dietitian, Licensed Nutritionist or Registered Nurse for a student that does not have a disability or food related disability and is requesting a special food/meal /accommodation.

Signature	Printed Name and Title	() Telephone	Date
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The medical statement must be kept on file and does not have to be renewed each year if there are no changes in the diet order.
 Department of Education & Early Development Child Nutrition Services Juneau, Alaska

USDA is an equal opportunity provider and employer.

Instructions for Medical Statement To Request Special Meals and/or Accommodations

1. Parent, Guardian, or Authorized Representative completes this section.
2. Licensed Physician, Physician's Assistant, Registered Dietitian, Licensed Nutritionist or Registered Nurse completes this section.
Must check one only; refer to definition of disability below:
 - 2.1 Check if student is disabled or has a food related disability that requires a special food/meal/accommodation
 - 2.2 Check if the student is not disabled but a special food/meal/accommodation is being requested.
- 3.1-6. Completed by Licensed Physician, Physician's Assistant, Registered Dietitian, Licensed Nutritionist or Registered Nurse to identify disability/food related disability or special dietary need requiring/requesting a special food/meal/accommodation and to clarify diet order. Adaptive equipment may include tippy cup, large handled spoon, wheel-chair accessible furniture etc. Describe in adequate detail to ensure proper implementation to meet the needs of the student.
4. Completed only by Licensed Physician prescribing special food, meal, or accommodation for disability/food related disability.
5. Completed by Licensed Physician, Physician's Assistant, Registered Dietitian, Licensed Nutritionist or Registered Nurse, requesting special food/meal/accommodation.

A Licensed Physician can only make a disability determination.

USDA regulations 7CFR Part 15b requires substitutions or modifications in school meals for children whose disabilities restrict their diet. The school foodservice may make substitutions for students who are medically certified as having a special medical or dietary need.

Disability is defined in:

- Section 504 of the Rehabilitation Act of 1973
- Americans with Disabilities Act of 1990
- Part B of the Individuals with Disabilities Education Act
IEP (Individualized Education Program)

"Disabled person" is defined as any person who has a physical or mental impairment that 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, disease or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory organs (including speech); cardiovascular; digestive; reproductive; genitourinary; hemic and lymphatic; endocrine; and skin; or (2) any mental or psychological disorder, such as, organic brain syndrome, emotional or mental illness, and specific learning disabilities. This includes but is not limited to:

orthopedic	visual, speech, and hearing impairments	cerebral palsy	epilepsy	cancer
metabolic diseases such as diabetes or phenylketonuria (PKU)	heart disease	HIV disease		
muscular dystrophy	multiple sclerosis	food anaphylaxis (severe food allergy)		
tuberculosis	mental retardation	emotional illness	drug addiction/ alcoholism	

"Has a record of such an impairment" is defined as having a history of, or has been classified as having a mental or physical impairment that substantially limits one or more major life activities.

"Major life activities" are functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

Resources:

- Region X (includes Alaska) Medicaid Associate Regional Administrator phone 1-206-615-2313
- Region X EPSDT and MCH Regional Coordinator 1-206-615-2343
- The American Dietetic Association 1-800-366-1655 or www.eatright.org
- Food Allergy & Anaphylaxis Network, Inc. 1-800-929-4040 or www.foodallergy.org
- American Diabetes Association 1-800-DIABETES or www.diabetes.org
- American Academy of Pediatrics 1-847-434-4000 (National Headquarters) or www.aap.org
- Alaska Department of Education & Early Development or cnshep@eed.state.ak.us
Child Nutrition Services Attention [Stacy Goade@eed.state.ak.us](mailto:Stacy.Goade@eed.state.ak.us) 1-907-465-8708
801 W. 10th Street
Juneau, Alaska

Medical Statement for Special Meals and/or Accommodations

A child's parent/guardian and physician must complete a *Medical Statement for Special Meals and/or Accommodations*, Form A-7. The form is on file at the school and site where the child is being served under the National School Lunch Programs.

Instructions for the medical statement form are included with the form. Both the form, and the instructions, must be made available to the any household that requires, or requests, special dietary accommodations or meals for their child.

Use of the *Medical Statement for Special Meals and/or Accommodations* follows:

- Students who are prescribed special meals or accommodations, for disabling reasons, are required to have the medical statement form completed by only a Licensed Physician. Because of a direct disability to the child, the school and/or school site *must* follow the prescribed dietary or meal accommodations ordered by the Licensed Physician.
- Students that are prescribed special meals or accommodation, for non-disabling reasons, are allowed to accept a medical statement form completed by any of the following: Licensed Physician, Physician Assistant, Registered Dietitian, Licensed Nutritionist, or Registered Nurse.

A medical statement form completed by any of the professionals above, for a non-disabling reason, will allow sponsor agencies the *option* of complying with the dietary or meal accommodations request. The sponsor will want to do what is best for the child whenever possible, but also has the ability to measure the reasonableness and feasibility of the request.

NOTE: The Child Nutrition Services office distributes USDA Guidance, *Accommodating Children with Special Dietary Needs in the School Nutrition Programs*, as a reference and resource. Email a request to cns-help@eed.state.ak.us.