

MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS

School/Agency: _____ Site Name: _____ Phone Number: _____

Name of Child/Participant: _____ Age/Date of Birth: _____

Name of Guardian/Parent: _____ Phone Number: _____

Description of Child or Participant's Physical or Mental Impairment Affected:

Explanation of Diet Prescription and/or Accommodation to ensure Proper Implementation:

Indicate Food Texture for Above Child or Participant: Chopped Ground Pureed Regular

Food To Be Omitted	Suggested Substitutions

Adaptive Equipment to be used: _____

Signature of State Licensed Healthcare Professional* _____ Printed Name _____

Phone Number: _____ Date: _____

***For this purpose, a state licensed healthcare professional in California is a licensed physician, a physician assistant, or a nurse practitioner. The information on this form should be updated to reflect the current medical and/or nutritional needs of the participant.**

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School or Agency: Print the name of the school or agency that is providing the form to the parent.

Site: Print the name of the site where meals will be served.

Site Phone Number: Print the phone number of the site where meal will be served.

Name of Child or Participant: Print the name of the child or participants to whom the information pertains.

Age of Child/Participant: Print the age of the child or participant. For infants, please use date of birth.

Name of Parent/Guardian: Print the name of the person requesting the child or participant's medical statement.

Phone Number: Print the phone number of parent or guardian.

Description of Child or Participant's Physical or Mental Impairment Affected: Describe how the physical or mental impairment restricts the child or participant's diet.

Explanation of Diet Prescription and/or Accommodation to Ensure Proper Implementation: Describe a specific diet or accommodation that has been prescribed by the state healthcare professional.

Indicate Texture: If the child or participant does not need any modification, check "Regular".

Foods to be Omitted: List specific foods that must be omitted (e.g., exclude fluid milk).

Suggested Substitutions: List specific foods to include in the diet (e.g., calcium-fortified juice).

Adaptive Equipment to be Used: Describe specific equipment require to assist the child or participant with dining (e.g., sippy cup, large handled spoon, wheel-chair accessible furniture, etc.)

Signature of State Licensed Healthcare Professional: Signature of state licensed healthcare professional requesting the special meal or accommodation.

Printed Name: Print name of state licensed healthcare professional.

Phone Number: Phone number of state licensed healthcare professional.

Date: Date state licensed healthcare professional signed form.

Citations are from Section 504 of the Rehabilitation Act of 1973, Americans with Disabilities Act (ADA) of 1990, and ADA Amendment Act of 2008:

A person with a disability is defined as 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 means (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; speech; organs; cardiovascular; reproductive, genito-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 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 bodily functions have been added to major life activities and include functions of the immune system; normal cell growth; and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

"Has a record of such an impairment" means a person has, or has been classified (or misclassified) as having, a history of mental or physical impairment that substantially limits one or more major life activities