



Child Nutrition Programs

Medical Statement to Request Special Meals and/or Accommodations

A recognized Medical Authority (*for disability, allergy or food intolerance*) must fill out a Medical Statement to Request Special Meals and/or Accommodations form and return it to the school, child or adult care facility/provider. Agencies have an obligation to provide alternate foods to those participants who have a disability, but are not required to provide food substitutions to those participants who are not disabled, but rather have food allergies. The two categories are listed below.

Participants with Disabilities

USDA Regulations require substitutions or modifications in child nutrition meals for children whose disabilities restrict their diet.

Participants with other special dietary needs

USDA Regulations allow for substitutions for those participants in a USDA Child Nutrition Program who are unable, because of medical or other special dietary needs, to consume foods that are being provided to the other participants.

Definitions:

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.

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, including speech organs; cardiovascular; reproductive, digestive, 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, specific learning disabilities.

are defined as “functions such as caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking,

respiratory, circulatory, cardiovascular, endocrine, and reproductive functions.”

is defined as 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.

means state recognized medical professional with prescriptive authority such as, licensed physician, physician’s assistant, or nurse practitioner.

The medical statement shall identify:

The participant’s disability or medical condition with an explanation of why the disability restricts the participant’s diet;

The major life activity affected by the disability;

The specific diet or accommodation that has been prescribed by the medical authority. For example: “All foods must be in liquid or pureed form. Participant cannot consume any solid foods.”

The type of texture of food that is required,

The specific foods that must be omitted and suggested substitutions

The specific equipment required to assist the participant with dining. Examples might include a sippy cup, a large handled spoon, wheel-chair accessible furniture, etc.

Citations: Rehabilitation Act of 1973, Section 504; 7 CFR Part 15b; 7 CFR Sections 210.10(i)(1), 210.23(b); 215.14, 220.8(f), 225.16(f)(4), and 226.20(h); FNS Instructions 783-2, Rev. 2 and 784-3. “USDA and the State of Alaska are equal opportunity providers and employers”

**Please fax form to
School or Child Care Provider**

**School or Child Care Provider
Fax Number:**

ative authority such as, licensed
signature is acceptable for fluid milk
ability.

	3. Site Telephone Number
	5. Age or Date of Birth

7. Telephone Number

REQUEST for SPECIAL MEALS AND/OR ACCOMMODATIONS

INSTRUCTIONS

1. **School/Agency:**