

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 disabled, but rather have food allergies. The two categories are listed below.

Participants with Disabilities

Child Nutrition Programs
 Medical Statement to Request
 Special Meals and/or Accommodations

Please fax form to
 School or Child Care Provider
 School or Child Care Provider
 Fax Number: _____

*Form must be signed by state recognized medical professional with prescriptive authority such as, licensed Parent/legal guardian signature is acceptable for fluid milk substitution for a child with special medical or dietary needs other than a disability.

1. School/Agency Name	2. Site Name	3. Site Telephone Number
4. Name of Participant		5. Age or Date of Birth
6. Name of Parent or Guardian		7. Telephone Number
<p>8. Check One:</p> <p><input type="checkbox"/> Participant has a disability or a medical condition and <i>requires</i> a special meal or accommodation. (Refer to instructions on reverse side of this form.) Schools and agencies participating in federal nutrition programs must comply with requests for special meals and any adaptive equipment.</p> <p><input type="checkbox"/> Participant does not have a disability, but is requesting a special meal or accommodation due to food intolerance(s) or other medical reasons. Food preferences are not an appropriate use of this form. Schools and agencies participating in federal nutrition programs are encouraged to accommodate reasonable requests.</p> <p><input type="checkbox"/> Participant does not have a disability, but is requesting a special accommodation for a fluid milk substitute that meets the nutrient standards for non-dairy beverages offered as milk substitutes. Food preferences are not an appropriate use of this form. Schools and agencies participating in federal nutrition programs are encouraged to accommodate reasonable requests. <i>Parent or guardian may check this box and sign the form.</i></p>		
9. Disability or medical condition requiring a special meal or accommodation:		

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