## Medical Statement to Request Special Meals and/or Accommodations

Federal law and USDA regulation require Child Nutrition Programs to make reasonable modifications to accommodate children with disabilities. Under the law, a disability is an impairment which substantially limits a major life activity or bodily function, which can include allergies and digestive conditions, but does not include personal dietary preferences.

Site/Provider Name:	Submit this form to: reynolds_meals@rsd7.net
Part I To be completed by Parent/Guardian, Adult Participant, or	
Name of Participant:	
Parent/Guardian Name:	Phone #:
Part II To be completed <i>only</i> by a State licensed health care professional who is authorized to wrimedical prescriptions under State law*. Complete questions 1-3.	
Describe the major life activity or major bodily function(s) affected by the participant's physical or mental impairment that restricts the diet:	
2. Meal Accommodation Plan (Foods to omit or avoid):	
3. Foods to be substituted and recommended alternatives (include modification and accommodation):	
Signature of State Licensed Health Care Professional:	
Printed Name	Signature Date
Part III Use Only	
Accommodation(s) Made:	
Sponsor Signature:	Date:

## **Instructions for completing the Meal Preference Request Form:**

- 1. **Organization Name:** Include the name of the Sponsoring Organization that is providing the form
- 2. **Site/Provider Name:** Print the name of the site where meals will be served (e.g., ABC School, XYZ Child Care Center)
- 3. **Submit this form to:** Include the name and contact information for the organization staff who will be collecting the completed form
- 4. Part I: This section can be completed by the Parent/Guardian, Adult Participant, or Organization
  - a. Name of Participant: Print the first and last name of the child or adult participant
  - b. **Parent/Guardian Name:** Print the first and last name(s) of the parent or guardian. This is not required for adult participants.
  - c. Phone #: Include a number for the parent/guardian in case of questions
- 5. Part II: This section must be completed by a State licensed health care professional\*:
  - a. In section 1 **Describe:** The major life activity or major bodily function affected by the participant's physical or mental impairment that restricts the diet.
  - b. In section 2 **Meal Accomodation Plan:** Provide any foods to omit or avoid.
  - c. In section 3 **Foods to be substituted and recommended alternatives:** Provide the modification and accommodation.
- 6. **Part III**: This section must be completed by the Sponsoring Organization after Parts I and II are completed.
  - a. **Accommodations Made**: The Sponsoring Organization staff will indicate what accommodations will be made for the requests made in Part II.
  - b. **Sponsor Signature and Date**: The Sponsoring Organization staff will sign and date the form. This form will be considered incomplete if this section is not filled in.

This form is only for participants requiring a medical meal accommodation and should be filled out by a licensed medical professional\*. Participants requesting a Non-Medical Meal Accommodation and/or a Milk Substitution will use the Meal Preference Request Form.

\*State License Health Care Professions include: Medical Doctors of Medicine (MD); Doctors of Osteopathy (DO); Doctors of Naturopathy (ND); Physician's Assistant (PA); Certified nurse practitioner or clinical nurse specialist; Doctor of Dental Medicine (DMD); Doctor of Dental Surgery (DDS); Doctor of Optometry (OD).