Medical Statement to Request School Meal Modification

Important! Select the applicable meal modification category from the two listed below by checking the appropriate box. Then carefully read and follow the procedures for that category. The school will return incomplete Medical Statements to the parent/guardian. If you have questions about this form, the school contact named in Part A below will assist you.

☐ **1. Modification due to a food allergy/intolerance, or other medical condition that does not rise to the level of a disability:**

- A school has the option to make meal modifications prescribed by a medical authority due to a food allergy/intolerance or other medical condition that does not rise to the level of a disability. See the definition of disability on the bottom of this form.
- Part B of this form must be completed by a medical authority who is a licensed physician (MD or DO), physician's assistant (PA), or advanced registered nurse practitioner (ARNP).
- Parts A and C of this form must also be completed before the school can make meal modifications.
- If a school chooses to make the meal modifications, they will continue until a medical authority requests that the modifications be changed or stopped on Form SD-3, which is available from the school.
- It is strongly recommended that a medical authority annually update the prescribed diet order.

☐ **2. Substitution for fluid cow's milk due to lactose intolerance, allergy, religious, ethical or cultural reasons:**

- A school has the option to make a substitution for fluid cow's milk that is requested by a parent/guardian, but that is not prescribed by a medical authority.
- Parts A and D of this form must be completed before the school can make a substitution for fluid cow's milk.
- If a school chooses to provide such a substitution, they will continue until a parent/guardian requests that the substitution be changed or stopped on Form SD-3, which is available from the school.

Part A. Student, Parent/Guardian & School Contact Information – To be completed by a parent/guardian or school contact person		
1. Student's Name:	2. Date of Birth:	3. School:
4. Parent/Guardian's Name:	5. Parent/Guardian's Phone:	
6. School Contact's Name:	7. School Contact's Phone:	

Part B. Prescribed Diet Order – This part must be completed by a medical authority as specified above.

1. Check:

☐ Food allergy/intolerance or other medical condition that does not rise to the level of a disability.

2. Specify the food allergy/intolerance or medical condition related to the prescribed diet order.

3. Foods to be Omitted and Substituted:

List specific foods to be omitted and substituted. If more space is needed, sign and attach additional sheet of paper.

IMPORTANT: For a student who does not have a recognized disability, the only fluid cow's milk substitutions allowed by USDA are: (1) lactose-free fluid cow's milk or a (2) non-dairy beverage with a nutrient profile equivalent to fluid cow's milk as specified in federal regulations. Currently the only beverages meeting these specifications are certain brands of soymilk.

Omit Foods Listed Below:	Substitute Foods Listed Below:

4. Medical Authority's Information		
Signature:	Title:	
Printed Name:	Phone:	Date:

Part C. Parent/Guardian Permission – To be completed by a parent/guardian

I give permission for school personnel to follow the prescribed diet order for my child's school meals. I also give permission for my child's medical authority to further clarify the prescribed diet order on this form if requested to do so by school personnel.

Parent/Guardian's Signature: Date:

Part D. Request Substitution for Fluid Cow's Milk due to Lactose Intolerance, Allergy, Vegan Diet, Religious, Cultural or Ethical Reasons – To be completed by a parent/guardian

Instead of fluid cow's milk, please provide the student named in Part A. of this form with the following substitute (Check ONE):

☐ Lactose-free cow's milk (1% or skim) ☐ Non-dairy beverage nutritionally equivalent to fluid cow's milk per federal regulations

Parent/Guardian's Signature: Date:

Definition of Disability:
Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA), a "person with a disability" means "any person who has a physical or mental impairment which substantially limits one or more major life activity, has a record of such impairment, or is regarded as having such an impairment."

Major life activities covered by this definition include caring for one's self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working. The term "physical or mental impairment" includes, but is not limited to, such diseases and conditions as:

- Orthopedic, visual, speech and hearing impairments
- Cerebral Palsy
- Epilepsy
- Muscular Dystrophy
- Multiple Sclerosis
- Cancer
- Heart disease
- Metabolic diseases, such as diabetes or phenylketonuria (PKU)
- Food anaphylaxis (severe food allergy)
- Mental retardation
- Emotional illness
- Drug addiction and alcoholism

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