



Instructions for Medical Statement to Request Special Meals and/or Accommodations

Teaching and Learning Support
Child Nutrition Services
801 West 10th Street, Suite 200
PO Box 110500
Juneau, Alaska 99811-0500
(907) 465-8709

Parent and Physician or recognized Medical Authority must fill out the request for special meals and/or accommodations form and return to the school or agency serving meals. The information on the form is **CONFIDENTIAL** and to be used for special dietary needs only.

CFR 210.10 (g) What exceptions and variations are allowed in meals? Exceptions for medical or special dietary needs are allowed.

Schools must make substitutions in lunches and afterschool snacks for students who are considered to have a disability under 7 CFR part 15b and whose disability restricts their diet.

Schools may also make substitutions for students who do not have a disability but who cannot consume the regular lunch or afterschool snack because of medical or other special dietary needs. Substitutions must be made on a case by case basis only when supported by a statement of the need for substitutions that includes recommended alternate foods, unless otherwise exempted by FNS. Such statement must, in the case of a student with a disability, be signed by a physician or, in the case of a student who is not disabled, by a recognized medical authority.

Only a licensed Physician may make a disability determination and request for accommodations.

USDA regulations 7 CFR Part 15b requires substitutions or modifications in school meals for children whose disabilities restrict their diet. The school foodservice may make substitutions for students who are medically certified as having a special medical or dietary need.

Disability is defined in:

- Section 504 of the Rehabilitation Act of 1973
- Americans with Disabilities Act of 1990
- Part B/619 of the Individuals with Disabilities Education Act
IEP (Individualized Education Program)

“Disabled person” 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.

“Physical or mental impairment” means (1) any physiological disorder, disease or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory organs (including speech); cardiovascular; digestive; reproductive; genitourinary; hemic and lymphatic; endocrine; and skin; or (2) any mental or psychological disorder, such as, organic brain syndrome, emotional or mental illness, and specific learning disabilities. This includes but is not limited to:

orthopedic	visual, speech, and hearing impairments	cerebral palsy	epilepsy	cancer
metabolic diseases such as diabetes or phenylketonuria (PKU)		heart disease	HIV disease	muscular
dystrophy	multiple sclerosis	food anaphylaxis (severe food allergy)	tuberculosis	mental retardation
emotional illness	drug addiction/ alcoholism			

“Has a record of such impairment” is defined as having a history of, or has been classified as having a mental or physical impairment that substantially limits one or more major life activities.

“Major life activities” are functions such as caring for ones self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.



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1. Parent, Guardian, Authorized Representative completes this section; complete a separate medical statement for each student.

Student	Age/Grade	District/RCCI	School/Site
Parent, Guardian, or Authorized Representative	Telephone (Parent, Guardian or Auth. Rep)		School/Site Telephone Date

2. Check **ONLY ONE**. Please refer to regulatory definitions of disability and medical condition on reverse side of this form.

2.1 Student is disabled or has a food related disability and *requires* a special meal or accommodation.
A Licensed Physician must complete this section and sign #3 below. ***School/Site must comply with prescribed special meals and any adaptive equipment.***

Identify disability or food related disability and the required special meal accommodations:

2.2 Student is *requesting* a special meal or accommodation.
Licensed Physician or recognized Medical Authority must complete this section sign #3 below. ***Substitutions and/or accommodations may be made, but are not required.***

Diet prescription/request: Foods to be omitted and substitutions:

- List specific foods or food types to be omitted and suggested substitutions.
- Attach additional information if appropriate with signature and date.

Food(s)/food types to be omitted

Suggested substitution(s)

3. A Licensed Physician or recognized Medical Authority signature is required on this form for a student who must not eat certain foods due to medical issues.

Signature of Physician or Medical Authority	Printed Name and Title	Telephone	Date
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This medical statement form must be kept on file and does not have to be renewed each year if there are no changes in the diet order.