## Medical Statement to Request Special Meals, Accommodations, Milk Substitutions

1. Site Name (School/Sponsor):	2. Name of Parent/G	uardian	3. Telephone Number	
4. Name of Child *			5. Date of Birth	
6. State the medical condition requiring accommodat	ion.			
This section <u>must be completed by a licensed medical</u>	<u>authority</u> . Refer to the	e reverse side of this page for de	finitions.	
7. Does the medical condition affect major life activiti	es or maior bodily fund	ctions? Select one of the followin	g. *	
☐ Yes, this condition affects major life activit				
☐ No, this condition does not affect major lif	e activities or major be	odily functions and does not qua	lify as a disability.	
According to the ADA the term 'disability' means, more major life activities of such individual; a reconstance adopted this definition of a disability in child nutri	ord of such an impairm			
8. Provide a brief description of the major life activi	ty or bodily function a	ffected by the disability. *		
Other:  9. Describe diet prescription and/or accommodation	n. Must include specif	ic foods to be omitted and subs	tituted. *	
Foods and/or beverages to be omitted	.*	Foods and/or bever	ages to be substituted: *	
10. Modified texture (if applicable): Chopped	Ground 🔲	Puree		
11. Adaptive Equipment Needed (if applicable):				
12. Signature of Medical Authority & Credentials*	13. Printed Name*		14. Telephone Number	15. Date*
give permission for the institution's personnel respo ccommodations with any appropriate institution star hild's medical authority to further clarify the prescrik	ff and to follow the pre	escribed diet order for my child's	meals. I also give permis	
Signature of parent or guardian:	Date:			

\*Required

Utah State Board of Education

Child Nutrition Programs

Revised 9/18

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A licensed medical authority is defined as an individual who has the authority to write a medical prescription. In Utah, this includes:

- Medical Doctor (MD)
- Physician's Assistant (PA)
- Osteopathic Physicians (DO)

- Advance Practice Registered Nurses (APRN)
- Naturopathic Physicians (ND or NMD)

## **Definition of Disability**

Under Section 504 of the Rehabilitation Act of 1073 and the Americans with Disabilities Act (ADA) A Person with a Disability is defined as: any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment.

Physical or Mental Impairment-(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, genitor-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, and specific learning disabilities.

Major Life Activities-functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

Major Bodily Functions- functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, and reproductive functions

**Record of Impairment**-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. Individuals who take mitigating measures to improve or control any of the conditions recognized as a disability, are still considered to have a disability and require an accommodation.

## **USDA Guidelines for Accommodating Special Dietary Needs**

**Disability**-Institutions and agencies participating in federal nutrition programs <u>must</u> comply with requests for special dietary meals and any adaptive equipment with a documented disability and completed request form.

**Non-disability**-Institutions and agencies participating in federal nutrition programs <u>may</u> comply with requests for non-disabling medical conditions. Accommodations will be made on a case-by-case basis. However, if accommodations are made for a specific medical condition, complete requests for the same medical condition for other participants must be accommodated.

**Fluid Milk Substitutions**-Fluid milk substitutions apply to non-disability requests. Institutions and agencies participating in the federal nutrition program <u>may</u> accommodate complete requests with a USDA approved non-milk equivalent. If accommodations are made for one child requesting a fluid milk substitute, accommodations must be made for all children requesting a fluid milk substitute.

School/sponsor internal use only			
	☐ Marked as disability or treating as disability (Required to accommodate request.)		
	□ Not marked as disability		
		School/sponsor is accommodating request	
		School/sponsor is <b>not</b> accommodating request	
Signature/Date:			

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