



# Child Nutrition Programs

Please return or fax form to school

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

Fax Number: \_\_\_\_\_

The Kenai Peninsula Borough School District

The information on this form is **CONFIDENTIAL** and to be used for special dietary needs only.

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

Student's Name	Student's ID #	Student's Date of Birth	Date
Parent, Guardian, or Authorized Representative	Telephone of Parent/ Guardian	Name of School	School Telephone

**2. A Licensed Physician or Recognized Medical Authority checks ONLY ONE box below.** Please refer to regulatory definitions of disability and medical condition on reverse side of this form.

<input type="checkbox"/>	<b>Student is disabled or has a food related disability and requires a special meal or accommodation.</b> School must comply with prescribed special meals and any adaptive equipment.
<input type="checkbox"/>	<b>Student is requesting a special meal accommodation due to allergies.</b> Substitutions and/or accommodations may be made, but are not required.

**3. Disability or medical condition requiring a special meal accommodation:**

\_\_\_\_\_

**4. If the student has a disability, provide a brief description of student's major life activity affected by the disability:**

\_\_\_\_\_

**5. Diet prescription and/or accommodation: (Please describe in detail to ensure proper implementation)**

\_\_\_\_\_

**6. Indicate Texture:**

Regular       Chopped       Ground       Pureed

**7. Please list specific foods to be omitted and suggested substitutions. Attach a sheet w/additional information if necessary.**

Food(s)/food types to be omitted	Suggested substitution(s)

**8. Adaptive Equipment:**

\_\_\_\_\_

**9. A Licensed Physician's signature is required for any student with a disability. A Licensed Physician's or Recognized Medical Authority's signature is required for a student who must not eat certain foods due to medical issues or allergies.**

Signature of Physician or Medical Authority	Printed Name & Title	Telephone	Date
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*The Kenai Peninsula Borough School District is an equal employment and educational opportunity institution.*



## Child Nutrition Programs

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

The Kenai Peninsula Borough School District

A Licensed Physician (*for **disability**, allergy or food intolerance*) or Recognized Medical Authority (*for allergy or food intolerance*) must fill out a Medical Statement to Request Special Meals and/or Accommodations form and return it to the school. Schools have an obligation to provide alternate foods to those students who have a disability, but are not required to provide food substitutions to those students who are not disabled, but rather have food allergies. The two categories are listed below.

#### **Students with Disabilities**

U.S. Department of Agriculture regulations require substitutions or modifications in child nutrition meals for children whose disabilities restrict their diet.

#### **Students with other special dietary needs**

U.S. Department of Agriculture (USDA) regulations allow for substitutions for those participants in a USDA child nutrition program who are unable, because of medical or other special dietary needs, to consume foods that are being provided to the other participants.

#### **Definitions:**

**“A Person with a Disability”** 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 (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, genito-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”** are defined as “functions such as caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. As amended by the ADA Amendments Act, Major Life Activities now also includes “Major Bodily Functions” such as: “functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, and reproductive functions.”

**“Has a record of such an impairment”** is defined as 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.

**“Recognized Medical Authority”** means licensed physician, physician’s assistant, or nurse practitioner.

#### **The medical statement shall identify:**

- The student’s disability or medical condition with an explanation of why the disability restricts the student’s diet;
- The major life activity affected by the disability;
- The specific diet or accommodation that has been prescribed by the medical authority. For example: “All foods must be in liquid or pureed form. Student cannot consume any solid foods.”;
- The type of texture of food that is required;
- The specific foods that must be omitted and suggested substitutions;
- The specific equipment required to assist the student with dining. Examples might include a sippy cup, a large handled spoon, wheel-chair accessible furniture, etc.

Citations: Rehabilitation Act of 1973, Section 504; 7 CFR Part 15 b; 7 CFR Sections 210.10(i)(1), 210.23(b); 215.14, 220.8(f), 225.16(g)(4), and 226.20(h); FNS Instructions 783-2, Rev. 2 and 784-3

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