MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS

1. School/Agency Name	2. Site Name	3. Site Telephone Number
4. Name of Child or Adult Participant		5. Age or Date of Birth
6. Name of Parent or Guardian		7. Telephone Number

8. Check One:

☐ Participant has a disability or a medical condition that **requires** a special meal and/or accommodation. (Refer to definitions on reverse side of this form.) Schools and agencies participating in federal nutrition programs must comply with requests for special meals and any adaptive equipment.

☐ Participant does not have a disability, but is requesting a special meal or accommodation due to a food intolerance or other medical reason. Food preferences are not an appropriate use of this form. Schools and agencies participating in federal nutrition programs are encouraged to accommodate reasonable requests.

A licensed physician, physician assistant, or nurse practitioner must complete and sign this form.

9. The part L F L S D Q Ability **or medical condition requiring a special meal or accommodation:**

10. If participant has a disability, provide a brief description of his/her major life activity affected by the disability:

11. Dietary Prescription and/or Special Meal Instructions:

INSTRUCTIONS

1. **School/Agency:** Print the name of the school or agency that is providing the form to the parent.
2. **Site:** Print the name of the site where meals will be served (e.g., school site, child care center, etc.).
3. **Site Telephone Number:** Print the telephone number of site where meal will be served. See #2.
4. **Name of Participant:** Print the name of the child or adult participant to whom the information pertains.
5. **Age of Participant:** Print the age of the participant. For infants, please use date of birth.
6. **Name of Parent or Guardian:**
7. **Telephone Number:** Print the telephone number of parent or guardian.
8. **Check One:** Check ( ) a box to indicate whether participant has a disability or does not have a disability.
9. **Disability or Medical Condition Requiring a Special Meal or Accommodation:** Describe the medical condition that requires a special meal or accommodation (e.g., juvenile diabetes, allergy to peanuts, etc.).
10. **If Participant has a Disability** 3 U R Y L G H D % U L H I ' H V F U L S W L R Q R I 3 D U W L F L S D Q W ¶ V **the Disability:** Describe how physical or medical condition affects disability (e.g., Allergy to peanuts causes a life-threatening reaction).
11. **Diet Prescription and/or Accommodation:** Describe a specific diet or accommodation that has been prescribed by the recognized medical authority.
12. **Indic9>-10.995c-2.992(e. T-12.008(iex(.)]TJ E3.2 Td 504D005.998(ec)8l99(al)-2.902( )-11.155Mrj4 -0.0u9.96u.992( )-10(A**

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