Medical Statement Sample Form

(To Provide Information for a School to Make an Appropriate Meal Accommodation)

This form may be (1) used by a licensed medical authority to provide a medical statement for a student's medical disability or a special dietary need that warrants a meal accommodation or (2) used to assist a licensed medical authority in creating the medical statement necessary for a meal accommodation. If this form is used as a medical statement, the form must be completed by the medical authority and signed by both the parent and the medical authority. The reverse side of this form provides additional information on the regulations related to school meal accommodations.

I. P	rovide the following information about the s	student.			
	Student Name:			Date:	
Stı	ndent Birthdate: Stu	udent's Grade Level:			
	oes the student have a medical <u>disability</u> which necessitates a meal accommodation?	which affects one of the	major life func	tions	□ Yes □ No
D	oes the student have a special dietary <u>need</u>	that will be helped by a	meal accommo	odation?	□ Yes □ No
	ow does this medical disability or special letary need impact the student's diet?				
n	What meal accommodation(s) are appropriat eeds? Please check the box before applicable necked accommodation in the box beside the	e meal accommodations			
	Food items or ingredients not to be served				
	Suggested substitutions for food items not served				
	Specific information on portion sizes for food items				
	Specific description of texture modifications for specific food types or items				
	Special utensils				
	Other				
IV. P	rovide the following signatures.				
Parent Signature				Date	
	Iedical Authority ignature				

Information on Accommodations to School Meals for Students with a Medical Disability

The National School Lunch Program (NSLP) and School Breakfast Program (SBP) <u>must</u> provide reasonable accommodations for students with medical disabilities.

The Code of Federal Regulations (7 CFR, Part 15b) defines a person with a disability as (1) having a physical or mental impairment that substantially limits one or more major life activities and (2) having a record or is regarded as having a physical or mental impairment.

Schools <u>may</u> also provide accommodations for special medical or dietary needs that restrict a student's diet but are not considered a medical disability.

For an NSLP or SBP site to provide a meal accommodation for a student with a medical disability, the parent or guardian must provide a medical statement signed by medical authority who is licensed by the State to write prescriptions. For this purpose, State is defined as the State of Texas. Any medical authority whose prescription is allowed to be filled by a pharmacy located in Texas under Texas law and regulation may provide a medical statement for a meal accommodation.

The medical statement must include the following information in order for the CE to make the meal accommodation:

- 1. Statement explaining the student's medical disability which includes a description that is sufficient to allow the school to understand how this condition restricts the student's diet
- 2. Description of the accommodation to be made: food items or ingredients to be omitted, food items ingredients to be substituted, modified food texture, and/or other accommodation

If the medical statement requires substitutions, the medical statement should include a list of food or beverage items that are appropriate substitutions. Also note, a school is not required to provide a name brand product if another product with the same specifications is available.

If the licensed medical authority does not provide a medical statement that includes the information listed above, the school cannot make a meal accommodation.

When a school believes the medical statement is unclear or lacks sufficient detail, the school <u>must</u> request appropriate clarification so that a proper and safe meal can be provided. When