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

<table>
<thead>
<tr>
<th>1. School/Agency</th>
<th>2. Site</th>
<th>3. Site Manager &amp; Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Name of Student*</td>
<td>5. Age or Grade</td>
<td></td>
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<tr>
<td>6. Name of Parent or Guardian</td>
<td>7. Telephone Number</td>
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<tr>
<td>8. State the medical condition requiring a special meal, accommodation, or fluid milk substitute.</td>
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<tr>
<td>9. Does the disability or medical condition affect major life activities or major bodily functions? Select one of the following.*</td>
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<tr>
<td>□ This condition affects <strong>major life activities</strong> (included but not limited to caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working).</td>
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<tr>
<td>□ This condition affects <strong>major bodily functions</strong> (including but not limited to functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions).</td>
<td></td>
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<tr>
<td>□ This condition does <strong>not</strong> affect major life activities or major bodily functions.</td>
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<td>According to the ADA Amendments Act of 2008, the term ‘disability’ means, with respect to an individual, a physical or mental impairment that substantially limits one or more major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment.* The major life activities include the major life activities and major bodily functions listed above. The USDA has adopted this definition of a disability with regard to child nutrition programs.</td>
<td></td>
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<tr>
<td>10. Provide a brief description of the major life activity or bodily function affected by the disability.*</td>
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<tr>
<td>11. Diet prescription and/or accommodation.* (Must include specific foods to be omitted and substituted. Please fill out Attachment A or a diet order if needed.)</td>
<td></td>
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<tr>
<th>12. Indicate texture:</th>
<th>□ Regular</th>
<th>□ Chopped</th>
<th>□ Ground</th>
<th>□ Pureed</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. Adaptive Equipment Needed:</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>14. Signature of Preparer</th>
<th>15. Printed Name</th>
<th>16. Telephone Number</th>
<th>17. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Signature of Medical Authority &amp; Credentials*</td>
<td>19. Printed Name*</td>
<td>20. Telephone Number</td>
<td>21. Date*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>22. To be completed by the LEA/School:</th>
<th>□ Additional Information needed</th>
<th>□ Approves request</th>
<th>□ Denies request</th>
</tr>
</thead>
</table>

**LEA Comments:**

*Required

Utah State Board of Education

Child Nutrition Programs

Revised 5/17

This institution is an equal opportunity provider.

*This information may be shared with the school nurse or other administrative staff to accommodate the student in all school activities.*
Medical Statement to Request Special Meals, Accommodations, and Milk Substitutions

Instructions
This form must be kept on file at the school site. The following instructions are provided to assist in completing this form. If you have specific questions, please contact the Utah State Office of Education Child Nutrition Program at (801) 538-7755.

8. Check One: Check (V) a box to indicate whether a participant has a disability, non-disability, or need for a fluid milk substitute. The appropriate authority must sign based on the request.

9. State Disability or medical condition requiring a special meal, accommodation, or fluid milk substitute: Describe the medical condition that requires a special meal, accommodation, or fluid milk substitute (e.g., Juvenile diabetes, allergy to peanuts, PKU, etc.)

10. If Student has a disability, provide a brief description of the major life activity affected by the disability: Describe how the physical or medical condition affects the disability. For example, “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 a physician, or describe the diet modification requested for a non-disabling condition. For example, “All foods must be in liquid or pureed form. Participant cannot consume any solid foods.”

12. Indicate texture: Check (V) a box to indicate the type of food texture required. If no texture modification is needed, check regular.

13. Specific foods to be omitted and substituted: List specific foods to be omitted and substituted. Attach a sheet with additional information if needed.
   - Foods to be Omitted: List specific foods to be omitted. For example, “peanut butter”
   - Foods to be Substituted: List specific foods to be substituted. For example, “peanut-free soy butter or sunflower butter.”

14. Adaptive Equipment Needed: Describe specific equipment required to assist the participant with dining. Examples could include: Sippy cup, large handled spoon, wheel-chair accessible furniture, etc.

Definitions
A Person with a Disability- any person who has a physical or mental impairment which substantially limits one or more major life activities or major bodily functions, 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; andendocrine; 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, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. 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.

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.

USDA Guidelines for Accommodating Special Dietary Needs
Disability-Schools and agencies participating in federal nutrition programs must comply with requests for special dietary meals and any adaptive equipment with a documented disability and completed request form.

Non-disability-Schools and agencies participating in federal nutrition programs may 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 must be accommodated.

Fluid Milk Substitutions—Fluid milk substitutions apply to non-disability requests. Schools and agencies participating in federal nutrition program may accommodate complete requests with a USDA approved non-milk equivalent. If accommodations are made for one student requesting a fluid milk substitute, accommodations must be made for all students requesting a fluid milk substitute. (USDA FNS, Guidance Related to the ADA Amendments Act, NSLP Bulletin 36-2013, Retrieved 5/12/2014.)

Utah State Office of Education Child Nutrition Programs Revised 5/15

USDA is an equal opportunity provider and employer.

This information may be shared with the school nurse or other administrative staff to accommodate the student in all school activities.
Attachment A: Foods to be Omitted and Substituted
Special Dietary Needs for School Meals

Child’s Name: ___________________________ Date: ___________ Grade Level: _____

Medical providers must specify foods to exclude and foods to include for children with special dietary needs. This information can be provided using this form or by writing a separate diet order. Foods are listed alphabetically by food category.

<table>
<thead>
<tr>
<th>Dairy</th>
<th>Milk Allergy</th>
<th>Lactose Intolerant</th>
<th>Other: ____________________________</th>
</tr>
</thead>
</table>

Foods to Exclude
- Fluid Milk
- All ingredients containing milk*
- Cheese
- Yogurt
- Butter
- Cream/Ice Cream
- Baked goods made with milk
- Buttermilk
- Other, Specify:

*Ingredients that contain milk include: Artificial butter or cheese flavor, Casein or caseinates, Curd, Ghee, Hydrolysates, Lactalbumin, lactalbumin phosphate, Lactose, lactoglobulin, lactoferrin, lactulose, Rennet, Whey or whey products.

<table>
<thead>
<tr>
<th>Eggs</th>
<th>Egg Allergy</th>
<th>Other: ____________________________</th>
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</table>

Foods to Exclude
- Eggs*
- Baked goods containing eggs
- Other, Specify:

*Ingredients that contain egg include: Albumin (also spelled albumen), Egg (dried, powdered, solids, white, yolk), Eggpro, Lysozyme, Mayonnaise, Merangue (meringue powder), Ovalbumin, Surimi

<table>
<thead>
<tr>
<th>Grains</th>
<th>Wheat Allergy</th>
<th>Celiac Disease</th>
<th>Gluten Intolerant</th>
<th>Other: ____________________________</th>
</tr>
</thead>
</table>

Foods to Exclude
- Wheat*
- Condiments
- Rye
- Oats
- Barley
- Other, Specify:

*Ingredients that contain wheat include: Bread crumbs, Bulgur, Cereal extract, Club wheat, Couscous, Cracker meal, Durum, Einkorn, Emmer, Farina, Flour (all purpose, bread, cake, durum, enriched, Graham, high gluten, high protein, instant, pastry, self-rising, soft wheat, steel ground, stone ground, whole wheat), Hydrolyzed wheat protein, Kamut*, Matzoh, matzoh meal (also spelled as matzo, matzah, or matzal), Pasta, Semilana, Semolina, Soy sauce (may contain wheat, not all varieties), Spelt, Sprouted wheat, Triticale, Vital wheat gluten, Wheat (bread, durum, germ, gluten, grass, malt, sprouts, starch), Wheat bran hydrolysate, Wheat germ oil, Wheat grass, Wheat protein isolate, Whole wheat berries.
### Foods to Exclude
- Beef
- Pork
- Poultry
- Lamb/Mutton
- Seafood
- Other, Specify:

### Allowable substitutes
- Plant-based meat alternates (e.g. tofu)
- Eggs
- Dairy (e.g. cheese, yogurt)
- Peanuts & Peanut Butter
- Beans
- Other, Specify:

### Peanut/Tree Nuts
- Peanuts & Peanut Butter
- Peanut Oil
- All Tree Nuts* & Nut Butters
- Other, Specify:

### Allowable substitutes
- Soy Butter
- Sunflower Seed Butter
- Almond Butter
- Nut-free protein options

*Tree Nuts include: Almond, Beechnut, Brazil nut, Bush nut, Butternut, Cashew, Chestnut, Filbert, Ginko nut, Hazelnut, Hickory nut, Lichee nut, Macadamia nut, Nangai nut, Pecan, Pine nut, Pistachio, Shea nut, Walnut.

### Seafood
- Crustaceans (crab shrimp lobster)
- Mollusks (clam, mussel, oyster, scallop)
- Finned Fish*
- Caesar Dressing
- Imitation fish/crab
- Other, Specify:

*Finned Fish include: Anchovy, Bass, Catfish, Cod, Flounder, Grouper, Haddock, Hake, Halibut, Herring, Mahi mahi, Perch, Pike, Pollock, Salmon, Snapper, Sole, Swordfish, Tilapia, Trout, Tuna, Walleye.

### Other Condition:

### Foods to Exclude

### Allowable substitutes

### Signature of Preparer

### Printed Name

### Date

### Signature of Medical Authority & Credentials

### Printed Name

### Date