**Instructions for Medical Statement**

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:** Print the name of the person requesting the participant’s medical statement.

7. **Telephone Number:** Print the telephone number of parent or guardian.

8. **Check One:** Check (P) 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, Provide a Brief Description of Participant’s Major Life Activity Affected by 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. **Indicate Texture:** Check (P) a box to indicate the type of texture of food that is required. If the participant does not need any modification, check “Regular”.

13. **a. Foods to Be Omitted:** List specific foods that must be omitted (e.g., exclude fluid milk).

**b. Suggested Substitutions:** List specific foods to include in the diet (e.g., calcium-fortified juice).

14. **Adaptive Equipment:** Describe specific equipment required to assist the participant with dining (e.g., sippy cup, large handled spoon, wheel-chair accessible furniture, etc.).

15. **Signature of Medical Authority:** Signature of medical authority requesting the special meal or accommodation.

16. **Printed Name:** Print name of medical authority.

17. **Telephone Number:** Telephone number of medical authority.

18. **Date:** Date medical authority signed form.

**Citations are from Section 504 of the Rehabilitation Act of 1973, Americans with Disabilities Act (ADA) of 1990, and ADA Amendment Act of 2008:**

**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** 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; speech; organs; cardiovascular; reproductive, digestive, genital/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** include, but are 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.

**Major bodily functions** have been added to major life activities and include the functions of the immune system; normal cell growth; and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive functions.

**“Has a record of such an impairment”** means a person has, or has been classified (or misclassified) as having, a history of mental or physical impairment that substantially limits one or more major life activities.