

Medical Statement to Request School Meal Modification

Important! Select the applicable meal modification category from the three listed below. Then carefully read and follow the procedures for that category. The school will return incomplete Medical Statements to the parent/guardian. If you have questions about this form, the school contact named in Part A below will assist you.

1. Modification due to a disability:

- A school is required to make meal modifications prescribed by a licensed physician to accommodate a student's disability. See the definition of disability on the back of this form.
- Part B of this form must be completed by a licensed physician (MD or DO).
- Parts A and C of this form must also be completed before the school can make meal modifications.
- The meal modifications will continue until a licensed physician requests that the modifications be changed or stopped on Form 19-C, which is available from the school.
- It is strongly recommended that a licensed physician annually update the prescribed diet order.

2. Modification due to a food allergy/intolerance, or other medical condition that does not rise to the level of a disability:

- A school has the option to make meal modifications prescribed by a medical authority due to a food allergy/intolerance or other medical condition that does not rise to the level of a disability.
- Part B of this form must be completed by a medical authority who is a licensed physician (MD or DO), physician's assistant (PA), or advanced registered nurse practitioner (ARNP).
- Parts A and C of this form must also be completed before the school can make meal modifications.
- If a school chooses to make the meal modifications, they will continue until a medical authority requests that the modifications be changed or stopped on Form 19-C, which is available from the school.
- It is strongly recommended that a medical authority annually update the prescribed diet order.

3. Substitution for fluid cow's milk due to lactose intolerance, allergy, vegan diet, religious, ethical or cultural reasons:

- A school has the option to make a substitution for fluid cow's milk that is requested by a parent/guardian, but that is not prescribed by a medical authority.
- Parts A and D of this form must be completed before the school can make a substitution for fluid cow's milk.
- If a school chooses to provide such a substitution, they will continue until a parent/guardian requests that the substitution be changed or stopped on Form 19-C, which is available from the school.

Part A. Student, Parent/Guardian & School Contact Information – To be completed by a parent/guardian or school contact person					
Student's Name:		Date of Birth:	School:		
Parent/Guardian's Name:		Parent/Guardian's Phone:			
School Contact's Name:		School Contact's Phone:			
Part B. Prescribed Diet Order – This part must be completed by a medical authority as specified above.					
1. Check ONE: <input type="checkbox"/> Disability OR <input type="checkbox"/> Food allergy/intolerance or other medical condition that does not rise to the level of a disability					
2. Specify the disability, food allergy/intolerance or medical condition related to the prescribed diet order.					
3. If the student has a disability, what major life activity is affected? Example: Allergy to peanuts affects ability to breathe.					
4. Type of Special Diet: <input type="checkbox"/> Check if not applicable OR specify the type of special diet (e.g. low sodium, gluten-free, diabetic, etc.).					
5. Modified Texture:		<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Chopped	<input type="checkbox"/> Ground	<input type="checkbox"/> Pureed

