



RAYMORE – PECULIAR SCHOOL DISTRICT
Child Nutrition Department
21005 S. School Road
Peculiar, Missouri 64078

July 28, 2015

Dear Parent/Guardian,

Your child's school:

1. Will make meal modifications prescribed by a licensed physician to accommodate a disability.
2. Does not 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.
3. Will make substitutions for fluid cow's milk due to a food allergy/intolerance or for other reasons.

The *Medical Statement for Student Requiring Special Meals* is attached to this letter. On the front of that form there is further information about the three categories of meal modifications that can be requested under federal regulations, and the procedures that apply to each category. Please read this information carefully before completing the form. Only the types of meal modifications explained in the first paragraph of this letter are applicable to your child's school.

To ensure the requested meal modifications can be made on the first day of school, return the completed medical statement by August 7, 2015 to Sarah Chellberg, RD at Child Nutrition 21005 S. School Rd, Peculiar, MO 64078.

If you are submitting a request for special meals at a time other than the beginning of the school year, it will take approximately 10 school days from the time the request is received until it can be implemented.

IMPORTANT: For a student who does not have a recognized disability, the only fluid cow's milk substitutions allowed by USDA are: 1. Lactose-free fluid cow's milk or 2. A non-dairy beverage with a nutrient profile equivalent to fluid cow's milk as specified in federal regulations.

If you have any questions or need assistance, please call Sarah Chellberg at 819-892-1371.

Sincerely,

Sarah Chellberg, RD
Child Nutrition Director
Raymore Peculiar Schools

MEDICAL STATEMENT FOR STUDENT REQUIRING SPECIAL MEALS

Definition of Disability:

Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA), a “person with a disability” means “any person who has a physical or mental impairment which substantially limits one or more major life activity, has a record of such impairment, or is regarded as having such an impairment.”

Major life activities covered by this definition include caring for one’s self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, working and major bodily functions. The term “physical or mental impairment” includes, but is not limited to, such diseases, conditions, and functions as:

- Orthopedic, visual, speech and hearing impairments
- Cerebral Palsy, Epilepsy, Muscular Dystrophy and Multiple Sclerosis
- Digestive, bowel and bladder
- Neurological and brain
- Respiratory
- Cancer
- Cardiovascular, circulatory and heart
- Metabolic and endocrine
- Food anaphylaxis (severe food allergy)
- Mental retardation
- Emotional illness
- Drug addiction and alcoholism

Individuals who take mitigating measures to improve or control any of the conditions recognized as a disability are still considered to have a disability and require an accommodation.

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs and activities. Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Office of the General Counsel, Coordinator – Civil Rights Compliance (Title VI/Title IX/504/ADA/Age Act), 6th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; fax number 573-522-4883; email civilrights@dese.mo.gov.

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#) (PDF), found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

MEDICAL STATEMENT FOR STUDENT REQUIRING SPECIAL MEALS

Name of Student:	Date of Birth:
Name of Parent(s):	Telephone:
School District:	School Telephone
School Attending:	

For Completion By Physician (M.D. or D. O. only):

Identify and describe disability or medical condition, including allergies that requires the student to have a special diet. Describe the major life activities affected by the student's disability (see back of form).

Diet Prescription (Check all that apply):

- Diabetic (include calorie level or attach meal plan) Modified Texture and/or Liquids
 Reduced Calorie Food Allergy (describe):
 Increased Calorie Other (describe): _____

Food Omitted and Substitutions:

Use space to list specific food(s) to be omitted and food(s) that may be substituted. You may attach an additional sheet if necessary.

OMITTED FOODS

SUBSTITUTIONS

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Indicate Texture:

- Regular Chopped Ground Pureed

Indicate thickness of liquids:

- Regular Nectar Honey Pudding

- Special Feeding Equipment _____

Additional Comments: _____

I certify that the above named student needs special school meals as described above, due to the student's disability or chronic medical condition.

Physician's Signature (M.D. or D.O. only)	Telephone Number	Date
Signature of Preparer or Other Contact	Telephone Number	Date

I hereby give my permission for the school staff to follow the above stated nutrition plan.

Signature of Parent	Date
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