## **Medical Statement Form**

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

. Provide the following information about the student.			Date:	
Student Name:			Student ID#:	
Student Campus:	Grade Level:		Date of Birth:	
Does the student have a <u>medic</u> necessitates a meal accommoda	<del>_</del>	e of the major lif	fe functions which	Yes No
Does the student have a specia	ıl dietary need that will be he	lped by a meal a	ccommodation?	☐Yes ☐ No
This form may be (1) used by a disability or a special dietary nearthority in creating the medic statement, the form must be co authority. The reverse side of the accommodations.	need that warrants a meal accordal statement necessary for a rompleted by the medical author	ommodation or ( neal accommoda ority and signed	2) used to assist a ation. If this form by both the parer	licensed medical is used as a medical nt and the medical
II. How does this medical disability or special dietary need impact the student's diet?				
III. What meal accommodation(s) needs? Please check the box be checked accommodation in the	efore applicable meal accomm			
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				
Suggested foods to replace those restricted				
Other				
IV. Provide the following signature	es.			
Parent Signature			Date	
Medical Authority Signature				_

## 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 clarification is provided, any changes to the medical statement must be provided in writing before the school implements the changes.