

Medical Statement to Request School Meal Modification (Form 19-B)

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, contact USD259 Nutrition Services at 973-2178. Return completed form to your school nurse. Parents will need to provide any necessary meals for student until form is processed.

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), physician's assistant (PA), advanced registered nurse practitioner (ARNP), or is authorized to write medical prescriptions under State Law.
- 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. If student's dietary needs change, please contact Nutrition Services at 973-2178.

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), or is authorized to write medical prescriptions under State Law.
- 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. If student's dietary needs change, please contact Nutrition Services at 973-2178.

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. Incomplete forms cannot be processed and will be returned.

Student's Name:	Date of Birth:	School:
Parent/Guardian's Name:	Parent/Guardian's Phone:	
Parent/Guardian's Email:	Parent/Guardian Cell:	
Please Check meals provided by Nutrition Services that student will eat:	Pre-K: <input type="checkbox"/> AM Snack <input type="checkbox"/> PM Snack Teacher:	
	All other grade levels: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Enrolled in Latchkey	

Part B. Prescribed Diet Order – This part must be completed by a medical authority as specified above.

Check ONE:

- ☐ Student has a Disability (including a life-threatening allergy)
- ☐ Student has a 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.

☐ Student Has a Prescribed Epi-Pen

4. Type of Special Diet:

- ☐ Check if student does not require a special diet
- ☐ Check if student does require a special diet, please describe:

(e.g. low sodium, gluten-free, diabetic, etc.):

5. Modified Texture:	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Soft	<input type="checkbox"/> Ground	<input type="checkbox"/> Pureed		
6. Modified Thickness of Liquids:	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Nectar	<input type="checkbox"/> Honey	<input type="checkbox"/> Spoon or Pudding Thick		
7. Special Feeding Equipment:						
<input type="checkbox"/> Check if not applicable OR list special feeding equipment (e.g. large handled spoon, sippy cup, etc.).						
8. Foods to be Omitted and Substituted:						
<input type="checkbox"/> Check if not applicable OR check specific foods to be omitted and substituted. If more space is needed, sign and attach additional sheet of paper.						
<small>IMPORTANT: For a student who does <u>not</u> 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. Currently the only beverages meeting these specifications are certain brands of soymilk.</small>						
Dairy (please specify) <input type="checkbox"/> Fluid Milk <input type="checkbox"/> Cheese <input type="checkbox"/> Yogurt <input type="checkbox"/> Cheese Crackers <input type="checkbox"/> All milk proteins Additional info :						
Eggs (please specify) <input type="checkbox"/> Whole eggs –hard boiled or scrambled or <input type="checkbox"/> Egg as ingredient-albumin (white) & yolk Additional Info:						
Other Allergens: <input type="checkbox"/> Wheat <input type="checkbox"/> Peanuts <input type="checkbox"/> Tree Nuts <input type="checkbox"/> Fish <input type="checkbox"/> Shellfish <input type="checkbox"/> Soy* *Soy Allergy: Research states that <i>soy lecithin</i> and <i>soy oil</i> is well tolerated by persons with soy allergy. If student avoids these ingredients please check here <input type="checkbox"/>						
Other foods to be omitted: <i>(please be as specific as possible)</i>		Substitution:				
9. Medical Authority's Information- Must be completed by student's health care provider. Please Write Clearly						
Signature:		Title:				
Printed Name:		Phone:	Date:			
Part C. Parent/Guardian Permission – To be completed by a parent/guardian						
I give permission for school personnel responsible for implementing my child's prescribed diet order to discuss my child's special dietary accommodations with any appropriate school staff and to follow the prescribed diet order for my child's school meals. I also give permission for my child's medical authority to further clarify the prescribed diet order on this form if requested to do so by school personnel.						
Parent/Guardian's Signature:		Date:				
Part D. Request Substitution for Fluid Cow's Milk due to Lactose Intolerance, Allergy, Vegan Diet, Religious, Cultural or Ethical Reasons – To be completed by a parent/guardian						
<input type="checkbox"/> Instead of fluid cow's milk, please substitute soymilk approved by USDA						
Parent/Guardian's Signature:		Date:				
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:						
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> Orthopedic, visual, speech and hearing impairments Cerebral Palsy, Epilepsy, Muscular Dystrophy and Multiple Sclerosis Digestive, bowel and bladder Neurological and brain Respiratory Cancer </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> Cardiovascular, circulatory and heart Metabolic and endocrine Food anaphylaxis (severe food allergy) Intellectual Disability Emotional illness Drug addiction and alcoholism </td> </tr> </table>					<ul style="list-style-type: none"> Orthopedic, visual, speech and hearing impairments Cerebral Palsy, Epilepsy, Muscular Dystrophy and Multiple Sclerosis Digestive, bowel and bladder Neurological and brain Respiratory Cancer 	<ul style="list-style-type: none"> Cardiovascular, circulatory and heart Metabolic and endocrine Food anaphylaxis (severe food allergy) Intellectual Disability Emotional illness Drug addiction and alcoholism
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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.						

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