

Medical Statement to Request School Meal Modification

Important! Please carefully read and follow the procedures for the meal modification category below. 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.

- 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. See the definition of disability on the bottom of this form.
 - 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 SD-3, which is available from the school.
 - You and your medical authority will be asked to update this plan annually.

Part A. Student, Parent/Guardian & School Contact Information – To be completed by a parent/guardian or school contact person		
1. Student's Name:	2. Date of Birth:	3. School:
4. Parent/Guardian's Name:	5. Parent/Guardian's Phone:	
6. School Contact's Name: Tamara Viers, Food Service Director	7. School Contact's Phone: 719-395-7026 or 719-395-7128	

Part B. Prescribed Diet Order – This part must be completed by a medical authority as specified above.	
1. Check:	
<input type="checkbox"/> Food allergy/intolerance or other medical condition that does not rise to the level of a disability.	
2. Specify the food allergy/intolerance or medical condition related to the prescribed diet order.	
3. Foods to be Omitted and Substituted:	
List specific foods to be omitted and substituted. If more space is needed, sign and attach additional sheet of paper.	
Omit Foods Listed Below:	Substitute Foods Listed Below:

4. Medical Authority's Information		
Signature:	Title:	
Printed Name:	Phone:	Date:

Part C. Parent/Guardian Permission – To be completed by a parent/guardian

I give permission for school personnel 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: _____

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 and working. The term "physical or mental impairment" includes, but is not limited to, such diseases and conditions as:

- Orthopedic, visual, speech and hearing impairments
- Cerebral Palsy
- Epilepsy
- Muscular Dystrophy
- Multiple Sclerosis
- Cancer
- Heart disease
- Metabolic diseases, such as diabetes or phenylketonuria (PKU)
- Food anaphylaxis (severe food allergy)
- Mental retardation
- Emotional illness
- Drug addiction and alcoholism

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