



Medical Statement for Children with Special Dietary Needs

This statement must be completed and submitted to <insert facility name> before any meal substitutions can be made. The parent/guardian will complete Part 1 and the physician will complete either Part 2 **OR** Part 3. Refer to the information below for clarification. Attach a sheet with additional information if necessary. If changes are needed, the parent/guardian is required to submit a new form signed by the child's physician.

GUIDANCE

Disability:

Under Section 504 of the *Rehabilitation Act of 1973*, and the *Americans with Disabilities Act (ADA)* of 1990, a "person with a disability" means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an 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.

USDA regulations 7 CFR Part 15b require substitutions or modifications in CACFP meals for children whose disabilities restrict their diets. A child with a disability must be provided substitutions in foods when that need is supported by a statement signed by a licensed physician. The physician's statement must identify: the child's disability; an explanation of why the disability restricts the child's diet; the major life activity affected by the disability; the food or foods to be omitted from the child's diet, and the food or choice of foods that must be substituted.

Generally, children with food allergies or intolerances do not have a disability as defined under either Section 504 of the Rehabilitation Act or Part B of IDEA, and food service may, but is not required to, make food substitutions for them. However, when in the licensed physician's assessment, food allergies may result in severe, life-threatening (anaphylactic) reactions, the child's condition would meet the definition of "disability," and the substitutions prescribed by the licensed physician must be made.

Special Dietary Needs That Are Not a Disability:

Food service may make food substitutions, at their discretion, for individual children who do not have a disability, but who are medically certified as having a special medical or dietary need. Such determinations are only made on a case-by-case basis. This provision covers those children who have food intolerances or allergies but do not have life-threatening reactions (anaphylactic reactions) when exposed to the food(s) to which they have problems.

Each special dietary request must be supported by a statement, which explains the food substitution that is requested. It must be signed by a recognized medical authority. The medical statement must include: an identification of the medical or other special dietary condition which restricts the child's diet; the food or foods to be omitted from the child's diet; and the food or choice of foods to be substituted.

Recognized medical authority: physicians, physician assistants, nurse practitioners

Part 1. To be completed by a Parent, Guardian, or Authorized Representative

Child's name:		Birthday: / /	
Parent/Guardian/Authorized Representative name:			
Home Phone: ()		Work Phone: ()	
Address:			
City:	State:	Zip:	

Part 2. For Children with a **DISABILITY-Licensed Physician must complete**

Describe the patient's disability and the major life activities that are affected by the disability:

Foods to be omitted:

Substitutions:

Please list foods and information regarding any needed texture changes (chopped, ground, pureed, etc):

Please provide any other information regarding the diet:

Part 3. For Children with special dietary needs that are **NOT A DISABILITY-Recognized Medical Authority must complete**

Describe the medical or other special dietary need that restricts the child's diet:

Foods to be omitted:

Substitutions:

Please list foods and information regarding any needed texture changes (chopped, ground, pureed, etc):

Please provide any other information regarding the diet:

Physician/Medical Authority's signature

Date

Printed Name and Title

Telephone