

## Quabbin Regional School District Medical Statement to Request Special Meals Accommodations and Milk Substitutions

Name of Student			
Student's School Building & Grade			
Name of Parent(s) or Guardian(s)		Telephone Number(s)	
<b>1. Check One Box</b> (To be completed by a licensed Medical Authority as listed at the top of the page. NOT a parent or guardian)			
<input type="checkbox"/> <b>Student has a <u>disability</u></b> which <i>requires</i> a special meal or accommodation. This includes life-threatening, anaphylactic food allergies. <b>A licensed physician must sign this form. Please complete 2a, 2b &amp; 2c, describing the disability or medical condition and accommodations.</b>			
<input type="checkbox"/> <b>Student does not have a disability</b> , but is requesting a special meal or accommodation due to food intolerance(s) or other medical reasons. Food preferences are not an appropriate use of this form. Schools and agencies participating in federal nutrition programs <i>may</i> accommodate reasonable requests are not required to accommodate students who do not have a disability. <b>A licensed physician, physician's assistant, or registered nurse must sign this form. Please complete 2a &amp; 2c, describing the medical condition and accommodations.</b>			
<input type="checkbox"/> <b>The student does not have a disability.</b> A fluid milk substitution is being requested for the student. Schools and agencies participating in federal nutrition programs <i>may</i> choose to accommodate this request by providing a USDA approved fluid milk substitute. <b>Please complete 2a &amp; 2c, describing the medical condition and Accommodations. Fruit juice, vegetable juice and water do not qualify as approved milk substitutes.</b>			
<b>2a. State the disability or medical condition requiring a special meal, accommodation, or fluid milk substitute.</b>			
<b>2b. If student has a disability, provide a brief description of the major life activity affected by the disability.</b>			
<b>2c. Diet prescription and/or accommodation: (Please describe in detail to ensure proper implementation.)</b>			
<b>Indicate texture(Please circle):</b> Regular                      Chopped                      Ground                      Pureed			
<b>Specific foods to be omitted and substituted. <u>You may attach a sheet with additional information.</u></b>			
<b>A. Foods to be Omitted:</b>		<b>B. Foods to be Substituted:</b>	
<b>Signature of Medical Authority and Credentials</b>	<b>Printed Name</b>	<b>Telephone Number</b>	<b>Date</b>
<b>To be completed by School Nutrition Director</b> <input type="checkbox"/> Request Approved <input type="checkbox"/> Request Denied <input type="checkbox"/> More Information Needed		Signature of School Nutrition Director: Printed Name: Date: Comments:	

# Quabbin Regional School District Medical Statement to Request Special Meals Accommodations and Milk Substitutions

## Instructions

This form must be kept on file at the school site and Central Office. The following instructions are provided to assist in completing this form. If you have specific questions, please contact the School Nutrition Director at (978)-355-4668 x8512.

- **Check One:** Check (v) a box to indicate whether a participant has a disability, non-disability, or need for a fluid milk substitute. The appropriate authority must sign based on the request.
- **State Disability or medical condition requiring a special meal, accommodation, or fluid milk substitute:** Describe the medical condition that requires a special meal, accommodation, or fluid milk substitute (e.g., juvenile diabetes, allergy to peanuts, PKU, etc.)
- **If Student has a disability, provide a brief description of the major life activity affected by the disability:** Describe how the physical or medical condition affects the disability. For example, "Allergy to peanuts causes a life-threatening reaction."
- **Diet prescription and/or accommodation:** Describe a specific diet or accommodation that has been prescribed by a physician, or describe the diet modification requested for a non-disabling condition. For example, "All foods must be either in liquid or pureed form. Participant cannot consume any solid foods."
- **Indicate texture:** Check (v) a box to indicate the type of food texture required. If no texture modification is needed, check regular.
- **Specific foods to be omitted and substituted: List specific foods to be omitted and substituted. Attach a sheet with additional information if needed.**
  - Foods to be Omitted:** List specific foods to be omitted. For example, "peanut butter"
  - Foods to be Substituted:** List specific foods to be substituted. For example, "peanut free soy butter or sunflower butter."

## 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."

*Signing the following section is optional, but may prevent delays by allowing the school to speak with the physician/medical authority.*

### Health Insurance Portability and Accountability Act Waiver

In accordance with the provisions of the Health Insurance Portability and Accountability Act of 1996 and the Family Educational Rights and Privacy Act, I hereby authorize \_\_\_\_\_ (medical authority) to release such protected health information of my child as is necessary for the specific purpose of Special Diet information to \_\_\_\_\_ (school/program) and I consent to allow the physician/medical authority to freely exchange the information listed on this form and in their records concerning my child with the school program as necessary. I understand that I may refuse to sign this authorization without impact on the eligibility of my request for a special diet for my child. I understand that permission to release this information may be rescinded at any time except when the information has already been released. My permission to release this information will expire on \_\_\_\_\_ (date). This information is to be released for the specific purpose of Special Diet information.

The undersigned certifies that he/she is the parent, guardian or representative of the person listed on this document and has the legal authority to sign on behalf of that person.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### USDA Guidelines for Accommodating Special Dietary Needs

**Disability**-Schools and agencies participating in federal nutrition programs **must** comply with requests for special dietary meals and any adaptive equipment with a documented disability and completed request form.

**Non-disability**-Schools and agencies participating in federal nutrition programs **may comply** with requests for non-disabling medical conditions. Accommodations will be made on a case-by-case basis. However, if accommodations are made for a specific medical condition, complete requests for the same medical condition must be accommodated.

**Fluid Milk Substitutions**-Fluid milk substitutions apply to non-disability requests. Schools and agencies participating in federal nutrition program **may accommodate** complete requests with a USDA approved non-milk equivalent. If accommodations are made for one student requesting a fluid milk substitute, accommodations must be made for all students requesting a fluid milk substitute. (USDA FNS, Guidance Related to the ADA Amendments Act, NSLP Bulletin 36-2013..)