Organization Name

Medical Statement to Request Special Meals and/or Accommodations

Federal law and USDA regulation require Child Nutrition Programs to make reasonable modifications to accommodate children with disabilities. Under the law, a disability is an impairment which substantially limits a major life activity or bodily function, which can include allergies and digestive conditions, but does not include personal dietary preferences.

Site/Provider Name:	Submit this form to:
Part I To be completed by Parent/Gua	rdian, Adult Participant, or Organization Name.
Name of Participant:	
Parent/Guardian Name:	Phone #:
Part II To be completed only by a Stat medical prescriptions under State law*.	e licensed health care professional who is authorized to Complete questions 1-3.
Describe the major life activity or rephysical or mental impairment that	najor bodily function(s) affected by the participant's restricts the diet:
2. Meal Accommodation Plan (Food	ds to omit or avoid):
Foods to be substituted and recommodation):	ommended alternatives (include modification and
Signature of State Licensed Health Ca	are Professional:
Printed Name	Signature Date
Part III Organization Name Use Or	nly
Accommodation(s) Made:	
Sponsor Signature:	Date:

Rev. 4/21

This institution is an equal opportunity provider.