

Cleburne Independent School District – Child Nutrition Department Medical Statement Requesting Special Meals and Accommodations

Please fill out all fields. We cannot accept incomplete requests.

1. Name of Student:		2. Age or Grade:	
3. Name of Parent or Guardian:		4. Telephone Number:	
<p>5. Check one box:</p> <p><input type="checkbox"/> Student has a <u>disability</u> (please refer to the definition of a disability on the back of this page) which <i>requires</i> a special meal accommodation. A <i>licensed medical physician</i> must sign this form. Disabilities will be referred to the campus administration for further necessary documentation of the disability.</p> <p><input type="checkbox"/> Student <u>does not have a disability</u>, but is requesting a special meal accommodation due to food intolerance(s) or other medical reasons. Food preferences are not an appropriate use of this form. Schools participating in federal nutrition programs <i>may</i> accommodate reasonable requests. A licensed medical physician, registered nurse, nurse practitioner, or registered dietician must sign this form.</p>			
6. State the disability or medical condition requiring a special meal, accommodation or substitute.			
7. If student has a disability, provide a brief description of the major life activity affected by the disability.			
8. Diet prescription and/or accommodation: (Please describe in detail to ensure proper implementation).			
9. Specific foods to be omitted and substituted. You may attach additional information if necessary.			
A. Foods to be Omitted		B. Foods to be Substituted	
10. Other notes regarding disability/accommodations:			
11. Signature of Medical Authority and Credentials	Printed Name	Telephone Number	Date
To be completed by school district only:			
___ Additional information needed ___ Request Approved ___ Request Denied _____			
Date received: _____ SFA Signature: _____			
Comments: _____			

It is requested that a new form be submitted at the beginning of each school year or immediately after enrollment or diagnosis. It is the responsibility of the parent or guardian to submit updated request and to keep us notified of any medical or health changes that could affect this request.

This form should be sent to the CISD Child Nutrition Office or faxed to 817-202-1467.

Instructions

This form must be kept on file at the school district. The following instructions are provided to assist in completing this form. If you have specific questions, please contact Kim Chance at (817) 202-1123.

5. **Check One Box:** Check a box to indicate whether the participant has a disability or non-disability. The proper authority must sign based on the request.
6. **State the disability or medical condition requiring a special meal, accommodation or substitute:** For example, "Allergy to peanuts" or "lactose intolerant".
7. **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."
8. **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."
9. **Specific foods to be omitted and substituted. You may attach additional information if necessary.**
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"

Definitions

A Person with a Disability-any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment.

Physical or Mental Impairment- (a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory, including speech organs, cardiovascular, reproductive, digestive, genitor-urinary, hemic and lymphatic, skin, and endocrine, or (b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

Major Life Activities-functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

Record of Impairment-having a history of, or have been classified (or misclassified) as having a mental or physical impairment that substantially limits one or more major life activities.

***Citations from Section 504 of the Rehabilitation Act of 1973**

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 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 the accommodations are made for specific medical condition, complete requests for the same medical condition must be accommodated.

***Special Note Regarding Milk:** It is not a requirement that students take milk, at any grade level. Water is offered during meal times, free of charge. We do not accommodate requests for substitutions for milk, as a beverage.

In accordance with Federal Law and US Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write: USDA, Director, Office of Adjudication – 1400 Independence Avenue, SW – Washington, DC 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity employer.