Idaho State Department of Education
Child Nutrition Programs

MEDICAL STATEMENT TO

Request special meals AND/OR Accommodations

(1) Name of Participant	(2) Age or DOB	(3) Sponsor	(4) Site
(5) Name of Parent , Guardian, or Auth. Rep.	(6) Telephone (Parent , Guardian, or Auth. Rep.)		(7) Site Telephone Number

(8) Must check one:

☐ Participant is disabled or has a medical condition and *requires* a special meal or accommodation. (Refer to definition on reverse side of this form.) Sponsors must comply with requests for special meals and any adaptive equipment. **A licensed physician must sign this form**.

☐ Participant is not disabled, but is *requesting* a special meal or accommodation. An example may include a food intolerance. However, food preferences are not included as an example. Sponsors are encouraged to accommodate reasonable requests. **A licensed physician, physician's assistant, registered dietitian or registered nurse must sign this form.**

(9) Disability or medical condition requiring a special meal or accommodation:

(10) If participant is disabled, provide a brief description of participant's major life activity affected by disability:

(11) Diet prescription and/or accommodation: (Please describe in detail to ensure proper implementation.)

(12) Indicate texture: ☐ Regular ☐ Chopped ☐ Ground ☐ Pureed

Foods to be omitted and substitutions: Please list specific foods to be omitted and suggest substitutions. You may use the back of this form or attach a sheet with additional information.

(13) Foods to be omitted	(14) Suggested substitutions
_____	_____
_____	_____
_____	_____
_____	_____

(15) Adaptive Equipment:_____

(16) Signature of Preparer*	(17) Printed Name	(18) Telephone	(19) Date
(20) Signature of Medical Authority*	(21) Printed Name	(22) Telephone	(23) Date
(24) Signature of Parent/Guardian	(25) Printed Name	(26) Telephone	(27) Date

**Physician's signature is required for participants with a disability. For non-disabled participants, a licensed physician, physician's assistant, registered dietitian or registered nurse must sign the form.*

The information on this form should be updated yearly to reflect the current medical and/or nutritional needs of the participant.