

When completed fully, this form gives schools the information required by the U.S. Department of Agriculture (USDA), U.S. Office for Civil Rights (OCR), and U.S. Office of Special Education and Rehabilitative Services (OSERS) for meal modifications at school. See "Guidance for Completing Medical Statement for Students with Special Nutritional Needs for School Meals" for help in completing this form.

PART A (To be completed by Parent/Guardian)		
Name of Student: (Last) _____ (First) _____ (Middle) _____		
Date of Birth _____ Student ID # _____ School _____ Grade _____		
Will student eat breakfast provided by the school cafeteria? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will student eat lunch provided by the school cafeteria? <input type="checkbox"/> Yes <input type="checkbox"/> No	My child has a special diet and will NOT eat food from cafeteria. Food will be sent labeled from home. <input type="checkbox"/> Yes <input type="checkbox"/> No
Printed Name of Parent/Guardian: _____		
Phone number(s): _____ (Work) (Home) (Cell)		
Email Address: _____		
What concerns do you have about your student's nutritional needs at school?		
What concerns do you have about your student's ability to safely participate in mealtime at school?		
Does the student have an identified disability and an Individualized Education Program (IEP) or 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		
NOTE: Special dietary needs for students without an IEP or 504 Plan are accommodated at the discretion of the School Nutrition Administrator and policies of the school district.		
Parental/Guardian Consent: I agree to allow my child's health care provider and school personnel to discuss information on this form to better understand the nutritional needs of students.		
Parent/Guardian Signature: _____		Date: _____
PART B (To be completed by Licensed Physician)		
Student Diagnosis or condition:	Check major life activities affected: <input type="checkbox"/> Walking <input type="checkbox"/> Seeing <input type="checkbox"/> Hearing <input type="checkbox"/> Speaking <input type="checkbox"/> Breathing <input type="checkbox"/> Working <input type="checkbox"/> Learning <input type="checkbox"/> Other _____ <input type="checkbox"/> Performing manual tasks <input type="checkbox"/> Caring for self (including eating)	
Height:	Weight:	
Specify any dietary restrictions or special diet instructions for school meals:		

PART B continued (To be completed by Licensed Physician)

Designate route of delivery of food: **Oral Feeding** ***** Proceed to next section ***** **Tube Feeding**

Tube Feeding Instructions: Flush with _____ cc's of water after feeding.
 Formula: _____ Check residual: Yes No
 Volume: _____ ml over If greater than _____ cc's of water, hold feeding.
 _____ minutes Provide directive to resume feeding: _____
 Time of Feedings: _____ Button Catheter PEG Other NG tube size _____
 Via Gravity Pump Position(s): During feeding _____
 Other _____ After feeding _____

Designate consistency requirements for **oral** food:

- Pureed Chopped
 Full Liquid Mechanical Soft
 No Texture Modification

Designate consistency requirement for **oral** liquids:

- Nectar-like No Liquid Modification
 Honey-like
 Thin

Nutrient Modification: Yes No Description: _____

Nutrient Restriction: Yes No Description: _____

List any foods causing food *intolerance* that should be avoided: _____

List any foods causing food *allergies* that should be avoided: _____

Is this food allergy life threatening: Yes No Date of last allergy testing: _____

If student has **life threatening** allergies*, check appropriate box(es): ingestion contact inhalation
Is an Epi Pen Prescribe for allergy? Yes No * Students with life threatening food allergies must have an emergency action plan in place at school.

For any special diet, list specific foods to be omitted and substitutions; you may attach a separate care plan.

a. Foods To Be Omitted

b. Recommended Substitutions

Signature of Physician/Medical Authority*

Printed Name

Phone Number

Date

* A licensed physician's signature is required for students with a disability. For students without a disability, a licensed physician or recognized medical authority must sign the form.

PART C (To be completed by School Nurse)

School Nurse Signature: _____ **Date:** _____

PART D (To be completed by School Nutrition Services)

School Nutrition Services Notes:

SNS Administrator Signature: _____ **Date:** _____

Registered Dietitian or Nutritionist Signature: _____ **Date:** _____

Guidance for Completing the Medical Statement for Students with Special Nutritional Needs for School Meals

Parent/Guardian:

The *Medical Statement for Students with Special Nutritional Needs for School Meals* helps schools provide meal modifications for students who require them. A new form needs to be completed and filed with the school after July 1st of each school year and submitted by the first day of school or within thirty (30) days of enrollment to the district. The updated *Medical Statement for Students with Special Nutritional Needs for School Meals* form must be used. Completion of all items will allow your child's school to create a plan with you for providing safe, appropriate meals to your child while at school.

Your participation in this process is very important. The sooner you provide this completed form to your child's school, the sooner the School Nutrition Program or school staff can prepare the food your child requires. The school staff cannot change food textures, make food substitutions, or alter your child's diet at school without all the information filled in on this form.

Please follow the steps below to get started:

- 1) Complete all items of **PART A** of the Medical Statement.
- 2) Take the Medical Statement to your child's pediatrician or family doctor and have him/her complete **PART B**.
- 3) Return the Medical Statement to your child's school nurse.
- 4) You may invite people from the community who are knowledgeable about your child's feeding and nutrition issues to any IEP or 504 meeting(s) or to contact the school nurse. These would be people who could help school staff design a school mealtime plan for your child, like your child's pediatrician, nurse, speech-language pathologist, occupational therapist, registered dietitian or personal care aide.

Physicians and Medical Authorities:

This form helps schools provide meal modifications for students who require them. Completion of all items will streamline efficient care of the student.

The school cannot change food textures, make food substitutions, or alter a student's diet at school without a proper statement from you. Meal modifications are implemented based on medical assessment and treatment planning and must be ordered by a licensed physician or recognized medical authority.

Please consider the following as you complete **PART B** of the Medical Statement:

- 1) Complete all items of **PART B**. (*Note: A licensed physician's signature is required for students with a disability. For students without a disability, a licensed physician or recognized medical authority must sign the form. Recognized medical authorities include physicians, physician assistants, and nurse practitioners.*)
- 2) Be as specific as possible about the nature of the child's disability and life activities that the disability limits. In the case of food allergy, please indicate if the student's condition is a food intolerance, an allergy that would affect performance and participation at school (e.g., severe rash, swelling, and discomfort), or a life-threatening allergy (e.g., anaphylactic shock).
- 3) If your assessment of the child does not yield sufficient data to make a determination about food substitutions, consistency modifications, or other dietary restrictions, please refer the child/family to the appropriate feeding, nutrition, or allergy specialists for completion of the Medical Statement. Schools do not routinely have instrumentation and/or staff trained for a comprehensive nutrition and feeding assessment and must partner with community providers to meet a student's special feeding and nutrition needs.
- 4) Attach any previous and/or existing feeding/nutrition evaluations, care plans, or other pertinent documentation housed in the student's medical records to the Medical Statement for parent/guardian delivery to the school.
- 5) Consider being available to consult with the child's school team as it implements the feeding/nutrition care plan.