

# Special Diet Request

Name of Child	Age
Name of Parent or Guardian	Contact Number
<p>Check One Box</p> <p><input type="checkbox"/> Child has a <u>disability</u> which <i>requires</i> a special meal or accommodation. (Refer to definitions on reverse side of this form.) A <i>licensed medical physician</i> must sign this form. <b>*Describe disability.</b></p> <p><input type="checkbox"/> Child <u>does not have a disability</u>, but a special meal or accommodation due to food intolerance(s) or other medical reasons is requested. A <i>licensed medical physician, physician's assistant, registered nurse, nurse practitioner, or registered dietitian</i> must sign this form. <b>*Do not complete this question.</b></p>	
Disability or medical condition requiring a special meal accommodation	
*If child has a disability, describe major life activity affected by the disability.	
Diet prescription and/or accommodation: (Please describe in detail to ensure proper implementation. Include required food texture if needed.)	
Specific foods to be omitted and substituted. You may attach a sheet with additional information.	
<p style="text-align: center;">A. Foods to Omit</p> <hr/> <hr/> <hr/> <hr/>	<p style="text-align: center;">B. Foods to Substitute</p> <hr/> <hr/> <hr/> <hr/>
<i>I certify the above named child needs special meals prepared as described above.</i>	
Signature of Medical Authority and Credentials	Office Phone
Printed Name	Date
Signature of Institution's Authorized representative	Date

# Special Diet Request

## 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 an 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-**Institutions and facilities 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.

**Other Special Meal Accommodations-** Institutions and facilities 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 for all children.

**Fluid Milk Substitutions** must either fall under a disability or a special dietary need, and have the appropriate documentation.