

# Medical Statement to Request School Meal Modification

**Important!** Carefully read and follow the procedures for completing this form. The school will return incomplete Medical Statements to the parent/guardian. If you have questions about this form, please contact the assigned school nurse.

**Modification due to religious, ethical or cultural reasons that do not rise to the level of a disability:**

- A school has the option to make meal modifications at the request of a parent/guardian due to religious, ethical or cultural reasons that do not rise to the level of a disability. See the definition of disability on the bottom of this form.
- Part A of this form must be completed by a parent/guardian or school contact person.
- Parts B and C of this form must also be completed by a parent/guardian before the school can make meal modifications.
- If a school chooses to make the meal modifications, they will continue until a parent/guardian requests that the modifications be changed or stopped on Form SD-3, which is available from the school.
- It is strongly recommended that this form is updated annually.

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| <b>Part A. Student, Parent/Guardian &amp; School Contact Information</b> – To be completed by a parent/guardian or school contact person |                                |            |
| 1. Student's Name:   | 2. Date of Birth:              | 3. School: |
| 4. Parent/Guardian's Name:   | 5. Parent/Guardian's Phone:    |            |
| 6. School Contact's Name:  | 7. School Contact's Phone:     |            |
| <b>Part B. Requested Modification</b> – This part must be completed by a parent/guardian.  |                                |            |
| 1. Check:  |                                |            |
| <input type="checkbox"/> Religious, ethical or cultural reasons that do not rise to the level of a disability.                           |                                |            |
| 2. Specify the meal modification requested.  |                                |            |
| 3. Foods to be Omitted and Substituted:  |                                |            |
| List specific foods to be omitted and substituted. If more space is needed, sign and attach additional sheet of paper.                   |                                |            |
| Omit Foods Listed Below:   | Substitute Foods Listed Below: |            |
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| <b>Part C. Parent/Guardian Permission</b> – To be completed by a parent/guardian   |                                |            |
| I give permission for school personnel to follow the requested diet order for my child's school meals.                                   |                                |            |
| Parent/Guardian's Signature:   |                                | Date:      |

**Definition of Disability:**

Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA), a "person with a disability" means "any person who has a physical or mental impairment which substantially limits one or more major life activity, has a record of such impairment, or is regarded as having such an impairment."

Major life activities covered by this definition include caring for one's self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working. The term "physical or mental impairment" includes, but is not limited to, such diseases and conditions as:

- Orthopedic, visual, speech and hearing impairments
- Cerebral Palsy
- Epilepsy
- Muscular Dystrophy
- Multiple Sclerosis
- Cancer
- Heart disease
- Metabolic diseases, such as diabetes or phenylketonuria (PKU)
- Food anaphylaxis (severe food allergy)
- Mental retardation
- Emotional illness
- Drug addiction and alcoholism

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