

## Food Substitution Medical Statement For Students Requiring Special Meals and/or Accommodations



\*See other side for related information.

\*This statement must be updated for any change or discontinuance of a diet.

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby give my permission for the school staff to follow the stated nutrition plan below. I give my permission for the medical provider and for the school health/ nutrition personnel to communicate based on this statement if needed. Communication, if needed, may only include the statement and nutrition plan, implementation of the nutrition plan in school and student outcomes of the plan.

Sign Here

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### For Licensed HealthCare Professionals with Prescriptive Authority

**What is student's disability or medical condition (including allergies) requiring the student to need a special diet.**

\_\_\_\_\_

**What major life activities are affected by the student's disability or medical condition when condition in active state? (See other side for explanation. Example: Food Allergy that may cause anaphylaxis would affect the major life activity of breathing when in active state.)**

\_\_\_\_\_

**If food needs texture modifications, please check all that apply:**

Foods must be:  chopped  ground  pureed  liquefied

Fluids must be:  water thin      Thickened to consistency of:  nectar  honey  pudding

Other: \_\_\_\_\_

*Note: Healthcare provider orders for tube feedings are written on a treatment order form provided by school nurse.*

**Please list foods to be omitted (including foods that student is allergic to) and foods that may be substituted.**

FOODS TO OMIT	ALLOWED FOOD SUBSTITUTIONS

**List any special equipment or utensils needed.**

\_\_\_\_\_

**Indicate any other comments about the child's eating or feeding patterns.**

\_\_\_\_\_

Sign Here

\_\_\_\_\_  
Licensed HCP SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED Name

\_\_\_\_\_  
PHONE NUMBER



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## Special Dietary Needs

### Dear Parent/Guardian and Healthcare Provider:

The information below is an explanation of the Missoula County Public Schools (MCPS) Food Substitution forms.

Additional information may be obtained from: MCPS Food and Nutrition Supervisor:  
Stacey Rossmiller /728-2400 ex 3023/ [srossmiller@mcps.k12.mt.us](mailto:srossmiller@mcps.k12.mt.us)

### MCPS has two meal related forms;

1. Food Substitution Medical Statement For Students Requiring Special Meals and/or Accommodations
  - a. Must be completed by a Licensed Healthcare Provider.
  - b. For students who are considered to have a disability that requires dietary accommodations.
  - c. Must have new form completed for any changes.
2. Diet Request for Meals at School
  - a. Completed by a healthcare provider.
  - b. Used for food intolerances, mild non-life threatening allergies or other conditions that are not disabilities as defined below.
  - c. The school may provide standard food substitutions on a case-by-case basis.

### Information on Disability Determination

#### United States Department of Agriculture (USDA) Regulations:

For schools participating in a federally-funded school nutrition program, USDA regulations 7 CFR Part 15b require substitutions or modifications in school meals for students whose **disabilities** restrict their diets. A student with a disability or medical condition must be provided substitutions in foods when that need is supported by a statement signed by a state licensed healthcare provider that has prescriptive authority. The term includes medical doctors, doctors of osteopathic medicine, nurse practitioners and physician assistants. The healthcare provider's statement must identify:

- a. The student's disability or medical condition
- b. An explanation of why the disability restricts the student's diet
- c. The major life-activity affected by the disability
- d. List the food or foods to be omitted from the student's diet
- e. List the food or choice of foods that must be substituted

#### Definitions 1

USDA FNS Instruction 783-2, 7 CFR Part 15b

**Disability:** Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act, "person with a disability" means 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:** means (1) any physiological disorder or condition, cosmetic disfiguration or anatomical loss affecting one or more of the following body systems: Neurological, musculoskeletal, special sense organs, respiratory, including speech organs, cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic skin and endocrine; or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. 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 and phenylketonuria (PKU); food anaphylaxis; mental retardation; emotional illness; and drug addiction and alcoholism.

**Major life activities:** are defined as caring for one's self, eating, performing manual tasks, walking, standing, lifting, bending, seeing, hearing, speaking, sleeping, breathing, learning, reading, concentrating, thinking, communicating and working. A major life activity also includes the operation of a bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive functions.