



Child Nutrition Program

Medical Statement to Request
Special Meals and/or Accommodations

<i>For campus use only</i>	
<input type="checkbox"/>	Campus Nurse
<input type="checkbox"/>	CNP District Director
<input type="checkbox"/>	Campus DCO
<input type="checkbox"/>	Kitchen

The information on this form is CONFIDENTIAL and used for special dietary needs only.

****Return completed form to school nurse, Meals@GreatHeartsTX.org, or fax 210-888-9484, Attn: Child Nutrition Program.****

Student Name: _____ Date of Birth: _____

Campus: _____ Grade/Section: _____ Date: _____

Parent/Guardian Name: _____ Phone #: _____

One form per student.

The section below is to be completed by a Licensed Physician or Recognized Medical Authority.

Please check as applies:

- Student is disabled or has a food related disability and requires a special meal or accommodation.
- Student has a food allergy or intolerance.
- This form was filled out and verified by school personnel. (Medical auth. not required)

Name of the Medical Authority: _____

Medical Authority contact information: _____

Please provide a brief description how the medical condition affects the student's participation in the meal program: _____

Please check the box before applicable meal accommodations and provide a detailed explanation for each checked accommodation.

- Specific food restrictions and suggested substitutions:

Food or Ingredients not to be served	Suggested substitutions, if possible

- Specific information on portion sizes for food items: _____

- Specific description of texture modifications for specific food types or items: _____

- Adaptive Equipment: _____

- Other: _____

Additional Notes: _____

****Please attach additional sheets, supporting documentation, and/or Student Services paperwork as necessary.****

Signature of Medical Authority

Printed Name and Title

Date

For more information about meal accommodations, see the [Administrator's Reference Manual \(ARM\), Section 25, Meal Accommodations.](#)

Great Hearts is an equal opportunity provider.

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- Campus Nurse
- CNP District Director
- Campus DCO
- Kitchen

Instructions: This form needs to be completed by a doctor, medical personnel, or Student Services campus staff. Once the form is complete, please return the form by:

- Turning it in to your child's school nurse, or
- Emailing a scanned copy to Meals@GreatHeartsTX.org, or
- Faxing a copy to 210-888-9484, Attn: Child Nutrition Program

Medical Personnel Information:

For this medical statement to be valid, it must be written by a medical authority licensed to write prescriptions by the State of Texas or it must be recorded in student's IEP.

This medical statement must include the following information for the school to make a meal accommodation:

1. Explanation of the student's disability which includes a description that is sufficient to allow the school to understand how this condition restricts the student's diet and what major life activity is affected by the disability.

[NOTE: A medical statement does not have to include the word disability or name the student's disability. Instead, it must provide sufficient information for the school to determine that there is a medical condition that is a disability and how that medical condition affects the student's participation in the meal program.]

2. Description of the accommodation to be made: food items or ingredients to be omitted, special dietary supplements, food items or ingredients to be substituted and other accommodation information as appropriate. (If the medical statement requires substitutions, the medical statement should include a list of food or beverage items that are appropriate substitutions. Also note, a school is not required to provide a name brand product if another product with the same specifications is available.)

Definitions:

Person with a Disability: Person (1) with a physical or mental impairment that substantially limits one or more major life activities and (2) that has a record or is regarded as having a physical or mental impairment. This includes, but is not limited to, a disability that is episodic or in remission.

Major Life Activities: Characteristics that warrant the school making an accommodation for a disability: caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating and working as well as major bodily functions which include, but are not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, and reproductive functions. Individuals who take mitigating measures to improve or control any of the conditions recognized as a disability are still considered to have a disability and require an accommodation.

Food Allergy: Hypersensitivity from an abnormal response of the body's immune system to food or food additives that would otherwise be considered harmless. Many of the true food allergy symptoms often resemble allergic reactions to other substances, such as penicillin, drugs, bee stings, hives, and itching.

Food Intolerance: Adverse food-induced reaction that does not involve the body's immune system. Lactose intolerance is one example of food intolerance.

For more information about meal accommodations, see the [Administrator's Reference Manual \(ARM\), Section 25, Meal Accommodations.](#)

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