GreatHearts®

Child Nutrition Program

Medical Statement to Request
Special Meals and/or Accommodations

For campus use only
☐ Campus Nurse
☐ Director of Child Nutri.
☐ Campus DCO
☐ Kitchen

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

****Return completed form to school nurse or email Meals@GreatHeartsTXSchools.org****

Student Name: _____ Date of Birth: _____
Campus: _____ Grade/Section: _____ Date: _____
Parent/Guardian Name: _____ Phone #: _____

One form per student.

The section below must be completed by a medical authority whose prescription is allowed to be filled by a pharmacy located in Texas under Texas law, a Registered Dietitian, or by the Campus SpEd Coordinator, based off a 504/IEP.

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 based on a 504 or IEP. (Campus SpEd Coordinator signature req. instead)

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 Med Auth, RD/N, SpEd Coord. 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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Instructions: This form needs to be completed by Medical Personnel (authorized to write prescriptions in Texas), Registered Dietitian, 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@GreatHeartsTXSchools.org

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, a Registered Dietitian, or it must be recorded in student's 504/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.