ST. PATRICK SCHOOL & EDUCATIONAL CENTER

ND

Educating for Life...

Medical Statement for Meal Modifications
Students with a Disability

This form is required by the U.S. Department of Agriculture (USDA) for students with a disability that requires a meal modification under the National School Lunch Program (NSLP), School Breakfast Program (SBP), or other State/Federally funded child nutrition programs administered through DESE.

PART A: STUDENT INFORMATION

Student Name: _____
Date of Birth: _____ School: _____
Grade/Classroom: _____

PART B: DISABILITY INFORMATION (To be completed by a Licensed Medical Professional)

1. Does the student have a disability that restricts their diet? ☐ Yes ☐ No

If yes, describe the student's disability or medical condition:
_____

2. How does the disability restrict the student's diet?
_____
_____

3. What major life activity is affected? (e.g., eating, breathing, digestion)
_____

PART C: MEAL MODIFICATION REQUIRED

4. Foods to be OMITTED:
_____
_____

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5. Foods to be SUBSTITUTED:

_____

_____

6. Is texture modification required? ☐ Yes ☐ No
If yes, describe:

_____

PART D: MEDICAL PROFESSIONAL AUTHORIZATION

Name of Licensed Medical Professional (print): _____
Professional Title: _____
Phone Number: _____
Signature: _____ Date: _____

PART E: PARENT/GUARDIAN ACKNOWLEDGMENT (Optional)

Parent/Guardian Name: _____
Phone Number: _____
Signature: _____ Date: _____

NONDISCRIMINATION STATEMENT

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating against any person on the basis of race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity.

This institution is an equal opportunity provider.