



## Medical Statement for Meal Modifications in School Nutrition Programs

This form applies to requests for meal modifications for children participating in the U.S. Department of Agriculture's (USDA) [school nutrition programs](#). School nutrition programs include the National School Lunch Program (NSLP), School Breakfast Program (SBP), Afterschool Snack Program (ASP), Seamless Summer Option (SSO) of the NSLP, Special Milk Program (SMP), Fresh Fruit and Vegetable Program (FFVP), and Child and Adult Care Food Program (CACFP) At-risk Supper Program implemented in schools. Schools and institutions are required to make reasonable meal modifications for children whose physical or mental impairment restricts their diet.

**Note:** Federal law and USDA regulation require school nutrition programs to make reasonable modifications to accommodate children with disabilities or impairments. Under the law, a disability is an impairment which substantially limits a major life activity or bodily function, which can include allergies and digestive conditions, but does not include personal diet preferences. Substitutions or modification for children with impairments must be based on a written medical statement by a licensed healthcare professional with the ability to write prescriptions in the State of Tennessee. For further information please visit [Meal Modifications Accommodations](#).

**New forms must be completed and submitted at the beginning of each school year. Current forms on file will only remain valid until the end of current school year.**

### Section A – Completed by parent or guardian

1. Name of child: \_\_\_\_\_
2. Birth date: \_\_\_\_\_
3. Name of parent or guardian: \_\_\_\_\_
4. Phone number (with area code): \_\_\_\_\_
5. E-mail address: \_\_\_\_\_
6. Name of School: \_\_\_\_\_
7. Grade: \_\_\_\_\_
8. Age of Child: \_\_\_\_\_
9. Signature of parent or guardian: \_\_\_\_\_
10. Date: \_\_\_\_\_

### Section B – Completed by child's recognized medical authority

This section must be completed by the child's physician, physician assistant, doctor of osteopathy, or advanced practice registered nurse (APRN). APRNs include nurse practitioners, clinical nurse specialists, and certified nurse anesthetists who are licensed as APRNs.

11. **Physical or mental impairment:** Does the child have a physical or mental impairment that restricts the child's diet?

No

**Yes:** Describe how the child's physical or mental impairment restricts the child's diet.

12. **Diet plan:** Explain the meal modification for the child. Attach a specific diet plan, if needed.

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### Section B – Completed by child's recognized medical authority, continued

13. **Food omissions and substitutions:** List foods to be omitted from the child's diet and foods to be substituted.

Omitted Foods:	Substitutions:

14. **Food Texture:** List foods that require a change in texture. Indicate "all" if all foods should be prepared in this matter.

- ☐ Cut up or chopped into bite-size pieces: \_\_\_\_\_
- ☐ Finely ground: \_\_\_\_\_
- ☐ Pureed: \_\_\_\_\_

15. **Equipment:** List any special equipment or utensils needed.

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16. **Additional information:** Indicate any other information about the child's eating or feeding patterns that will assist in providing the requested meal modification.

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16. Name of recognized medical authority: \_\_\_\_\_ 17. Phone number (with area code): \_\_\_\_\_

18. Signature of recognized medical authority: \_\_\_\_\_ 19. Date: \_\_\_\_\_

20. Office stamp:  
(Required)

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## Medical Statement for Meal Modifications in School Nutrition Programs

Please email all completed forms to the following:

[MenuPlanning@scsk12.org](mailto:MenuPlanning@scsk12.org)

For questions please contact:

Emily Faquin, MS, RDN, LD

901-416-8282 or email: [faquin@scsk12.org](mailto:faquin@scsk12.org)

Lee Floyd, MS, RDN

901-416-8948 or email: [floyde@scsk12.org](mailto:floyde@scsk12.org)

Kim Stewart, MS, RD, SNS

901-416-5550 or email: [stewartkj@scsk12.org](mailto:stewartkj@scsk12.org)

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Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil  
Rights 1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. fax: (202) 690-7442; or
3. email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

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