

How to Complete the Medical Statement for Students with Special Dietary Accommodations



Health and Nutrition Services
Arizona Department of Education





Disclaimer

This training was developed by the Arizona Department of Education (ADE) Health and Nutrition Services Division (HNS). The content in this training is intended for professionals operating one or more USDA Child Nutrition Programs in Arizona under the direction of ADE. The information in this training is subject to change. Attendees are encouraged to access professional development materials directly from the training library to prevent use of outdated content.

Intended Audience

This training is intended for School Food Authorities (SFAs) operating the National School Lunch Program (NSLP). All regulations are specific to operating the NSLP under the direction of ADE.

Objectives

At the end of this training, attendees should be able to:

- understand the purpose of providing students with equal opportunities in the School Nutrition Programs (SNPs);
- know where to locate ADE's template for the Medical Statement for Students with Special Dietary Accommodations;
- recognize when to provide dietary accommodations to students; and,
- identify the parties responsible for completing the different parts of the form.

TRAINING HOURS

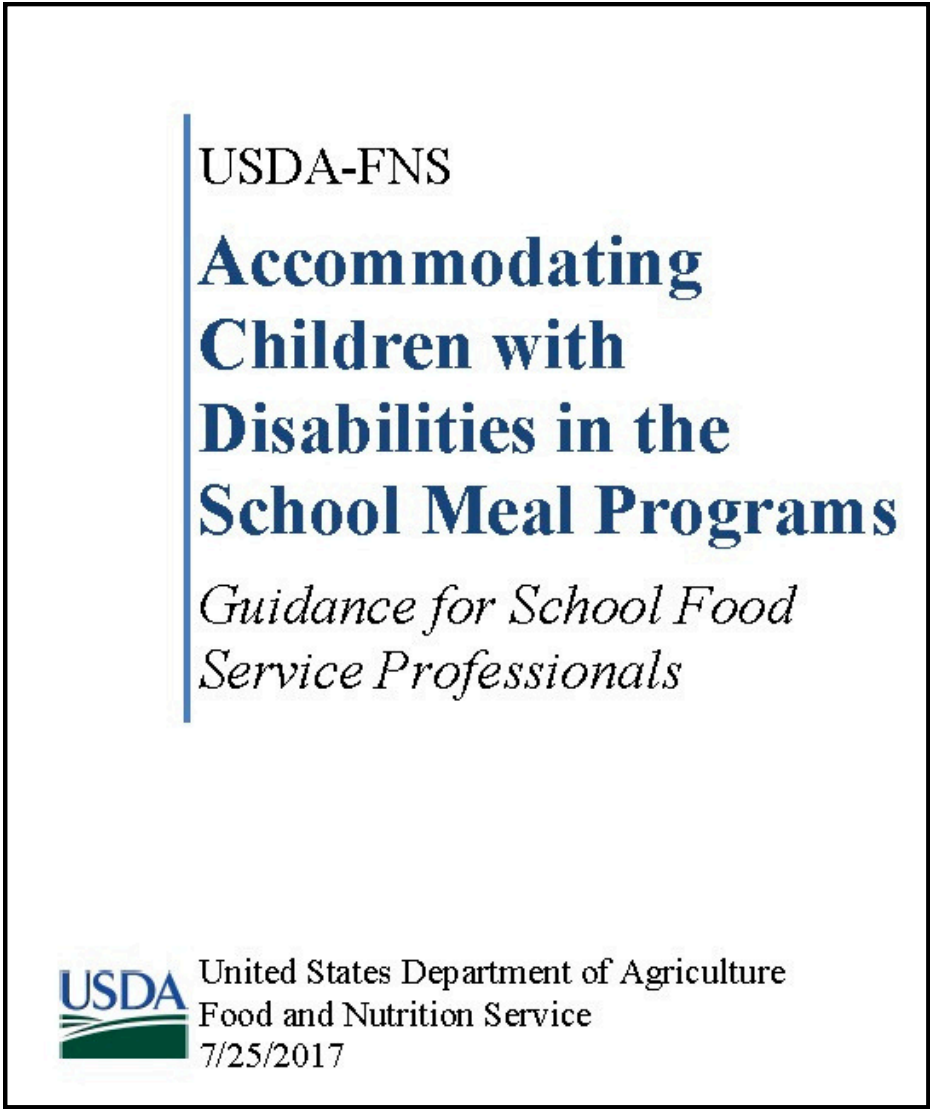
Information to include when documenting this training for Professional Standards:

Training Title: How to Complete the Medical Statement for Students with Special Dietary Accommodations

Key Area: 1000 - Nutrition

Learning Code: 1160

Length: 30 minutes



The instruction within this How-To-Guide is based on guidance from the USDA-FNS Accommodating Children with Disabilities in the School Meal Programs. It is recommended to review this manual for additional help with understanding the guidance in this resource.

[Click here](#) to access the manual.

Quiz Time



Throughout this guide, there will be comprehension quiz questions to test your knowledge and help you apply what you're learning. Be sure to review these quiz questions and answers available within the guide.

The question mark icon below will indicate a comprehension quiz question.



Table of Contents

| | |
|--|--------------|
| Section 1: Introduction to Accommodating Children with Special Dietary Accommodations | 7-13 |
| Section 2: How to Use the HNS Template to Complete the Medical Statement | 14-23 |



The following slides will only cover how-to instructions for completing the Medical Statement for Students with Special Dietary Accommodations.

Introduction to Accommodating Children with Special Dietary Accommodations

SECTION 1



Equal Opportunities for Students

School Nutrition Programs (SNPs) aim to provide all school-aged children, regardless of their background, with healthy and nutritious meals through the National School Lunch Program (NSLP) and School Breakfast Program (SBP).

According to the [SP 56-2016: Policy Memorandum on Modifications to Accommodate Disabilities in the School Meals Programs](#), the Americans with Disabilities Act (ADA) has reinterpreted the term “disability” to help schools focus on working with parents and/or guardians to ensure that an equal opportunity is provided to all students who wish to participate in SNPs.

Meal Pattern Requirements

SFAs participating in the SNPs are **required** to serve breakfasts, lunches, snacks, and milk that meet meal pattern requirements. SFAs have the option to make meal substitutions for those who have requested this for reasons such as religious or moral convictions or personal preference as long as the meal pattern requirements can still be met. However, SFAs are **required** to make meal substitutions for children with a disability that restricts their diet if a **written medical statement** from a State licensed healthcare provider is received.

If these meal substitutions cannot be accomplished within the meal pattern, meal substitutions can only be made by SFAs once they have received a **written statement from a State licensed healthcare professional** who is authorized to write medical prescriptions.

- In these scenarios, SFAs are not able to accept verbal meal modification requests from parents, doctors, etc. until a written statement from the State licensed healthcare professional is received.
- SFAs can choose to accommodate non-medical dietary preferences, however, if these substitutions are outside of the meal pattern these meals may not be claimed.

Medical Statement Requirements

The medical statement should include a description of the child's physical or mental impairment that allows the SFA to understand. It should also include an explanation of what must be done to accommodate the disability. In the case of food allergies, this means identifying the food or foods to be omitted and recommending alternatives. In other cases, more information may be required.

- For example, if the child would require caloric modifications or the substitution of a liquid nutritive formula to accommodate a disability, this information must be included in the statement.

ADE has created a Medical Statement for Students with Special Dietary Accommodations template for SFAs to use.

- Medical Statement for Students with Special Dietary Accommodations ([English](#)) ([Spanish](#))



For more information on special dietary accommodations, see the Federal guidance [here](#).

Quiz Time

True or False: Mom calls to report that her daughter has a gluten intolerance and must eat gluten-free products. Therefore, the SFA will need to buy gluten-free products to provide this student with during meal services.

A True

B False



Quiz Time

True or False: Mom calls to report that her daughter has a gluten intolerance and must eat gluten-free products. Therefore, the SFA will need to buy gluten-free products to provide this student with during meal services.

A True

B False

SFAs are only required to provide dietary accommodations to students who have provided a written statement from a state licensed healthcare provider. In this situation, the SFA should provide the mom with the medical statement for her to complete with her healthcare provider. The SFA can still accommodate the student's special dietary needs without the written medical statement if meal pattern requirements are still able to be met. Once the statement is received, the SFA can then provide the student with the prescribed accommodations regardless of whether they meet meal pattern requirements.



Keeping Students Safe

Sometimes, the SFA is aware of the meal modification request but has not yet been provided with the written medical statement. When this occurs, the SFA may not delay providing the modification while waiting on a written medical statement and should begin providing reasonable modifications to keep the child safe. It is important that the SFA follows up with the family to ensure the written medical statement is provided as soon as possible and continues to make reasonable modifications for the student in the meantime.



How to Use the HNS Template to Complete the Medical Statement

SECTION 2



Accessing the Form Template

ACCESSING THE HNS WEBSITE

ADE HNS provides a template for SFAs to use to ensure that all information required by the parent/guardian and the state-licensed healthcare professional is included when submitting the Medical Statement For Students with Special Dietary Accommodations.

- Access this template by going to the HNS NSLP Program Forms [webpage](#).
- Under the 'Operational' Accordion the form is available in both [English](#) and [Spanish](#).

Declaración Médica para Estudiantes con Adaptaciones Dietéticas Especiales

Este formulario se emplea para solicitar adaptaciones dietéticas en los programas de nutrición infantil del Departamento de Agricultura de los EE. UU. (USDA), tales como el Programa Nacional de Almuerzos Escolares, el Programa de Desayunos Escolares, el Programa de Meriendas Después de la Escuela y el Programa de Servicio de Alimentos de Verano.

Envíe los formularios completos a:
SFA NAME and/or TITLE

EMAIL ADDRESS and/or FAX NUMBER

Para cualquier consulta, comuníquese con:
SFA NAME and/or TITLE

EMAIL ADDRESS and/or FAX NUMBER

Sección 1: Para ser completada por un padre/guardián

Nombre del estudiante: _____

Nombre de la escuela: _____

Numero de Identificación del Estudiante: _____

Nombre del padre/guardián: _____

Correo electrónico: _____

Firma del padre/guardián: _____

June 2024 | Servicios de Salud y Nutrición | Departamento de Educación

Medical Statement for Students with Special Dietary Accommodations

This form is used to request Dietary Accommodations in the U.S. Department of Agriculture (USDA) Child Nutrition Programs such as the National School Lunch Program, School Breakfast Program, Afterschool Snack Program, and Summer Food Service Program.

Send completed forms to:
SFA NAME and/or TITLE

EMAIL ADDRESS and/or FAX NUMBER

For any questions, please contact:
SFA NAME and/or TITLE

EMAIL ADDRESS and/or FAX NUMBER

Part 1: To be completed by a parent/guardian

Child's Name: _____ Birth Date: _____

School Name: _____ Child's Grade: _____

Student ID #: _____

Parent/Guardian Name: _____ Cell Phone: _____

Email: _____ Work Phone: _____


Parent/Guardian Signature: _____

June 2024 | Health and Nutrition Services | Arizona Department of Education | This institution is an equal opportunity provider.

Entering SFA Information

In the top paragraph of the template, there are open fields that prompt the user to enter the SFA's information.

The SFA must include the general information in the header to ensure families know who to submit the Medical Statement for Students with Special Dietary Accommodations to and also who to contact for any follow-up questions.



Medical Statement for Students with Special Dietary Accommodations

This form is used to request Dietary Accommodations in the U.S. Department of Agriculture (USDA) Child Nutrition Programs such as the National School Lunch Program, School Breakfast Program, Afterschool Snack Program, and Summer Food Service Program.

Send completed forms to:

SFA NAME and/or TITLE

EMAIL ADDRESS and/or FAX NUMBER

For any questions, please contact:

SFA NAME and/or TITLE

EMAIL ADDRESS and/or FAX NUMBER

Form Accessibility for Families

SFAs must ensure families have access to the Medical Statement for Students with Special Dietary Accommodations, including all required information (as shown on previous slide) to allow families to easily submit one for their child.

- It is recommended that SFAs, at a minimum, post the Medical Statement for Students with Special Dietary Accommodations on their school website.

Using the Template Properly

The template contains **two** parts:

- **Part 1** to be completed by the parent or guardian of the student needing the special dietary accommodation.
- **Part 2** to be completed by the state licensed healthcare professional.

Part 1: To be completed by a parent/guardian

Child's Name: _____ Birth Date: _____

School Name: _____

Student ID #: _____

Parent/Guardian Name: _____

Email: _____

Parent/Guardian Signature: _____

Part 2: To be completed by state licensed healthcare professionals*

*For purposes of Child Nutrition Programs, only a "Licensed Healthcare Professional" is permitted to complete and sign a medical statement for meal accommodations in the Child Nutrition Programs. The seven medical professionals listed are permitted to complete and sign a medical statement for meal accommodations in the Child Nutrition Programs administered in Arizona (HNS# 11-2015): Dentists, Homeopathic Physicians, Naturopathic Physicians, Nurse Practitioners, Osteopathic Physicians, Physician Assistants, and Physicians.

A. List of foods/ingredients to be omitted from the diet.

B. Provide a brief explanation of how exposure to the food affects the child.

C. List of foods/ingredients that can be substituted into the diet to accommodate the dietary restrictions.

☐ This medical statement is **permanent**.
(This medical statement will remain in effect during the time the student is enrolled. A new medical statement will be required to change any aspect of information provided in this medical statement.)

☐ This medical statement is **temporary**.
(This medical statement will remain in effect for the current school year. A new medical statement will be required annually.)

Licensed Healthcare Professional Name: _____

Office Phone Number: _____

Licensed Healthcare Professional Signature: _____

Date: _____

Completing the Medical Statement

PARENT/GUARDIAN USE

Parents with children who need special dietary accommodations should be provided with this form by the school or have easy access to the form online.

They will complete Part 1 of the form prior to providing it to the state licensed healthcare professional.

Part 1: To be completed by a parent/guardian

| | | | |
|---|----------------------|----------------|----------------------|
| Child's Name: | <input type="text"/> | Birth Date: | <input type="text"/> |
| School Name: | <input type="text"/> | Child's Grade: | <input type="text"/> |
| Student ID #: | <input type="text"/> | | |
| Parent/Guardian Name: | <input type="text"/> | Cell Phone: | <input type="text"/> |
| Email: | <input type="text"/> | Work Phone: | <input type="text"/> |
| Parent/Guardian Signature: <input type="text"/> | | | |

Completing the Medical Statement

STATE LICENSED HEALTHCARE PROFESSIONAL USE

Once Part 1 of the form is completed, the parent/guardian will provide the form to their state licensed healthcare professional to complete and return to the parent/guardian.

Part 2: To be completed by state licensed healthcare professionals*

*For purposes of Child Nutrition Programs, only a "Licensed Healthcare Professional" is permitted to complete and sign a medical statement for meal accommodations in the Child Nutrition Programs. The seven medical professionals listed are permitted to complete and sign a medical statement for meal accommodations in the Child Nutrition Programs administered in Arizona (HNS# 11-2015): Dentists, Homeopathic Physicians, Naturopathic Physicians, Nurse Practitioners, Osteopathic Physicians, Physician Assistants, and Physicians.

A. List of foods/ingredients to be omitted from the diet.

B. Provide a brief explanation of how exposure to the food affects the child.

C. List of foods/ingredients that can be substituted into the diet to accommodate the dietary restrictions.

☐ This medical statement is **permanent**.

(This medical statement will remain in effect during the time the student is enrolled. A new medical statement will be required to change any aspect of information provided in this medical statement.)

☐ This medical statement is **temporary**.

(This medical statement will remain in effect for the current school year. A new medical statement will be required annually.)

Licensed Healthcare Professional Name: _____

Office Phone Number: _____

Licensed Healthcare Professional Signature: _____

Date: _____

Processing the Completed Form

Once the entire form is completed, the parent/guardian will return the form to the listed contact in the top header. The SFA will then review the form to ensure all required information is listed and dietary accommodations are written in detail.

Once the completed form is received and reviewed, the SFA must begin providing the accommodations described in the medical statement for each meal service in which the student participates.

- Please note that SFAs may consider expense and efficiency in choosing an appropriate approach to accommodate a child's disability. SFAs are not required to provide the specific substitution or other modification requested but must offer a reasonable modification that effectively accommodates the child's disability and provides equal opportunity to participate in or benefit from the program.

Quiz Time

True or False: The SFA has the option to disregard a written medical statement provided to them by a family regardless of whether the form is completed sufficiently and can provide all students with the same meals regardless of their disability.

A True

B False



Quiz Time

True or False: The SFA has the option to disregard a written medical statement provided to them by a family regardless of whether the form is completed sufficiently and can provide all students with the same meals regardless of their disability.

A True

B False

SFAs are required to honor sufficient medical statements for all students who participate in the SNPs. They are expected to provide students with prescribed substitutions (within reason) and do their best to make all meals nutritious and enjoyable.



CONTACT US

If you have a question or require additional assistance, please contact your assigned specialist or contact HNS.



602-542-8700



ContactHNS@azed.gov



www.azed.gov/hns





Congratulations

**You have completed the Online Course:
How to Complete the Medical Statement for
Students with Special Dietary Accommodations**

Information to include when documenting this
training for Professional Standards:

Training Title:
How to Complete the
Medical Statement for
Students with Special
Dietary
Accommodations

Key Area: 1000 – Nutrition
Learning Code: 1160
Length: 30 minutes

Please note, attendees must document the amount of training hours
indicated on the training despite the amount of time it takes to complete it.

Certificate

Requesting a training certificate

Please click the button to complete a brief survey about this online training. Once the survey is complete, you will be able to print your certificate of completion from Survey Monkey.



Information to include when documenting this training for Professional Standards:

Training Title:
**How to Complete the
Medical Statement for
Students with Special
Dietary
Accommodations**

Key Area: 1000 – Nutrition
Learning Code: 1160
Length: 30 minutes

Please note, attendees must document the amount of training hours indicated on the training despite the amount of time it takes to complete it.





In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or 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 discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [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; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.