

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

STEP-BY-STEP INSTRUCTION

Released August 2020

Professional Standards Learning Code: 1160



Arizona Department of Education (ADE)

This training was developed by the Arizona Department of Education (ADE) Health and Nutrition Services Division (HNS).

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.

Professional Standards

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 Codes: 1160

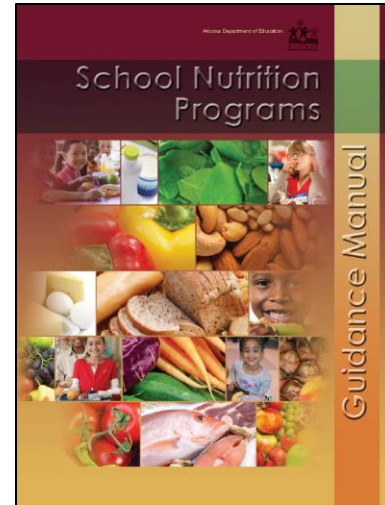
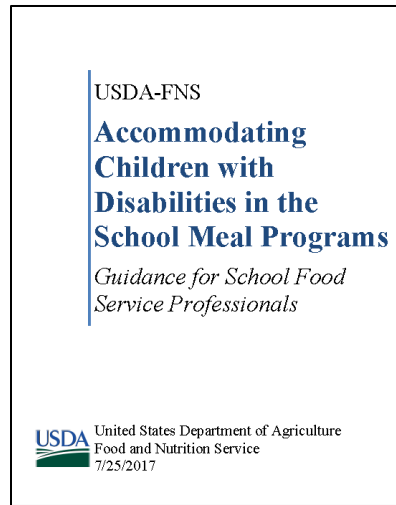
Length: 30 minutes



Objectives

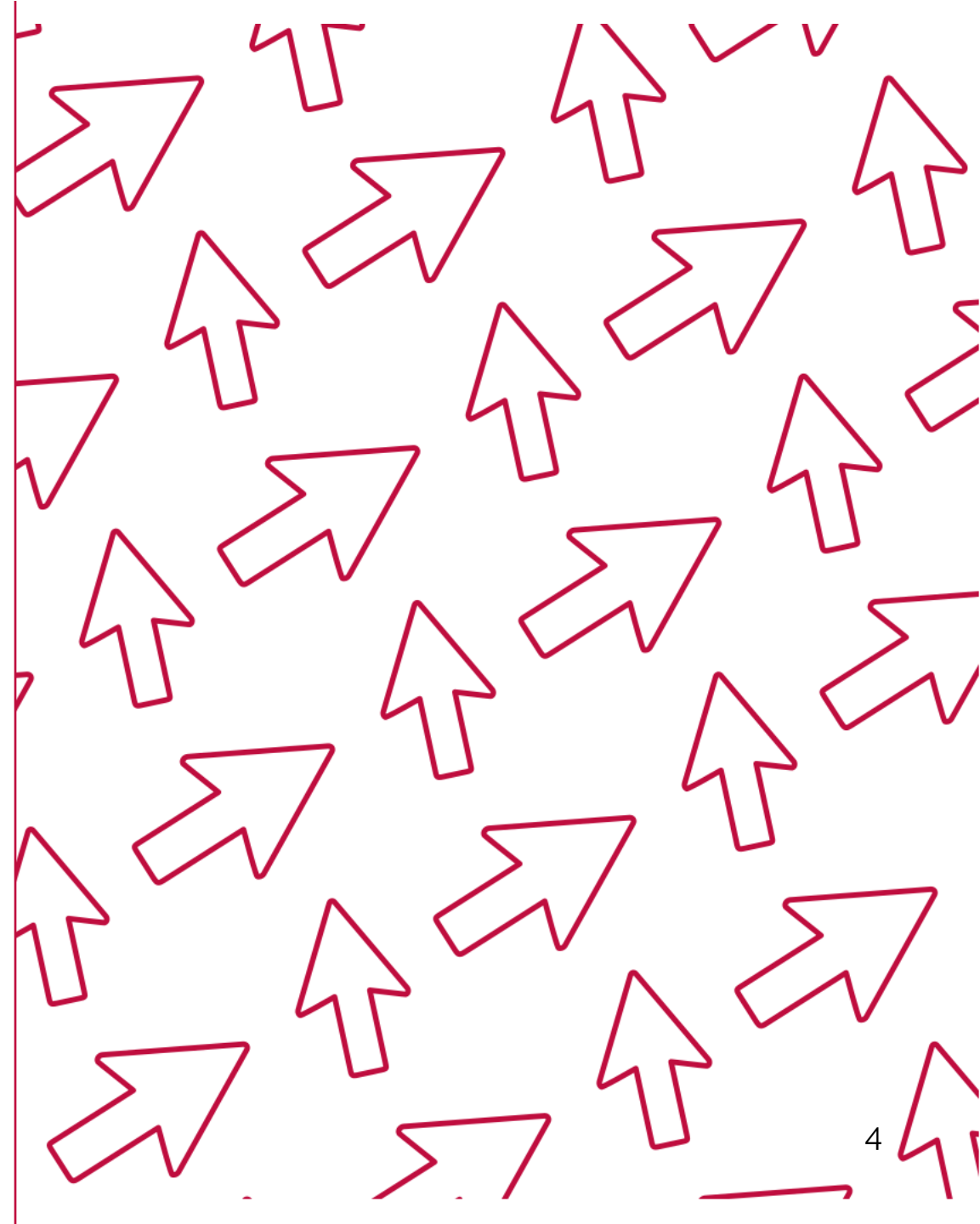
At the end of this training, attendees should be able to:

- 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.

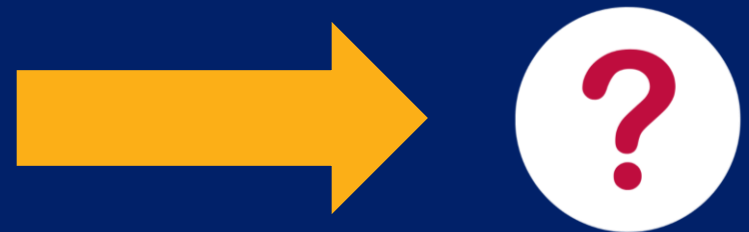


The instruction within this *How-To-Guide* is based on guidance from the USDA-FNS Accommodating Children with Disabilities in the School Meal Programs and the ADE's School Nutrition Programs Manual.

It is recommended to review the information in [Accommodating Children with Disabilities in the School Meal Programs](#) and [ADE's School Nutrition Programs Manual](#), for additional help with understanding the guidance in this resource.



- 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.
- This icon will indicate a comprehension quiz question, and the background of the slides will be blue like you see on this slide.



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

This Step-by-Step Instruction will include:

Introduction	Slides 7 – 13
Accessing the Form Template	Slides 14 – 15
How to Use ADE's Template	Slides 16 – 19
Creating the SFA's Customized Form	Slides 20 – 26
Completing the Medical Statement	Slides 27 – 32

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



Introduction to Accommodating Children with Special Dietary Accommodations

Equal Opportunities for Students

The 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 [*Policy Memorandum on Modifications to Accommodate Disabilities in the School Meals Programs*](#) and [*SP 59-2016*](#), the Americans with Disabilities Act (ADA) has reinterpreted the term “disability” to help schools focus on working with parents/guardians to ensure that an equal opportunity is provided to all students who wish to participate in SNPs.

Introduction to Accommodating Children with Special Dietary Accommodations

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 request from parents, doctors, etc. until a written statement from the State licensed healthcare professional is received.

Introduction to Accommodating Children with Special Dietary Accommodations

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

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



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.

Introduction to Accommodating Children with Special Dietary Accommodations

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 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.

Accessing the Form Template



Accessing the Form Template

Accessing ADE's Website

ADE 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*.

- SFAs can access this template by going to ADE's [Program Forms webpage](#).
- The template can be found by scrolling down to the Additional Forms section.
- Click [here](#) to directly access ADE's template, *Medical Statement for Students with Special Dietary Accommodations*.

The image shows a form template titled "Medical Statement for Students with Special Dietary Accommodations" from the Arizona Department of Education Health and Nutrition Services. The form includes a header with the department's logo and name. Below the header, there is a section for "Part 1: To be completed by a parent/guardian" with several fields for personal and contact information. At the bottom of the form, there is a footer with the text "Special Dietary Needs | Revised April 2020 | Arizona Department of Education | This institution is an equal opportunity provider."

Arizona Department of Education
Health and Nutrition Services

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, After-school Snack Program, and Summer Food Service Program. Send completed forms to (SFA name and/or title) at (email address and/or fax number). For any questions, please contact (SFA name and/or title) at (phone number and/or email address).

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: _____

Special Dietary Needs | Revised April 2020 | Arizona Department of Education | This institution is an equal opportunity provider.

*Medical Statement for Students
with Special Dietary Accommodations*

How to Use ADE's Template



How to Use ADE's Template

Entering SFA Information

In the top paragraph of the template, there is text in red that prompts the user to enter in the SFA's information.

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]** at **[email address and/or fax number]**. For any questions, please contact **[SFA name and/or title]** at **[phone number and/or email address]**.

The SFA will need to include the following information as seen in red to ensure families know who to submit the *Medical Statement for Students with Special Dietary Accommodations* to.

- The remaining fields of the form (Step 1 and Step 2) are not to be completed by the SFA.

How to Use ADE's Template

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.

How to Use ADE's Template

Using the Template Properly

The template contains two parts: Part 1 and Part 2. Part 1 is to be completed by the parent/guardian of the student needing the special dietary accommodation. Part 2 is to be completed by the state licensed healthcare professional.

Part 1: To be completed by a parent/guardian

Child's Name: _____ Birth Date: _____

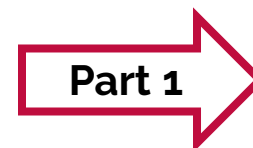
School Name: _____ Child's Grade: _____

Student ID #: _____

Parent/Guardian Name: _____ Cell Phone: _____

Email: _____ Work Phone: _____

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. (9)(N)(G) 21-0000) 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.)

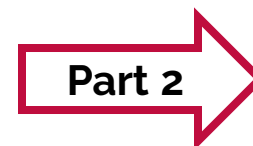
This medical statement is temporary.
(This medical statement will remain in effect for the current school year. A new medical statement will be required annually.)

Licensed Healthcare Professional Name: _____

Office Phone Number: _____

Licensed Healthcare Professional Signature: _____

Date: _____



Creating the SFA's Customized Form



Creating the SFA's Customized Form

Saving the Template as PDF

The user will need to save the template as PDF by clicking the 'Save' icon shown below.

Arizona Department of Education
Health and Nutrition Services

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] at [email address and/or fax number]. For any questions, please contact [SFA name and/or title] at [phone number and/or email address].

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: _____

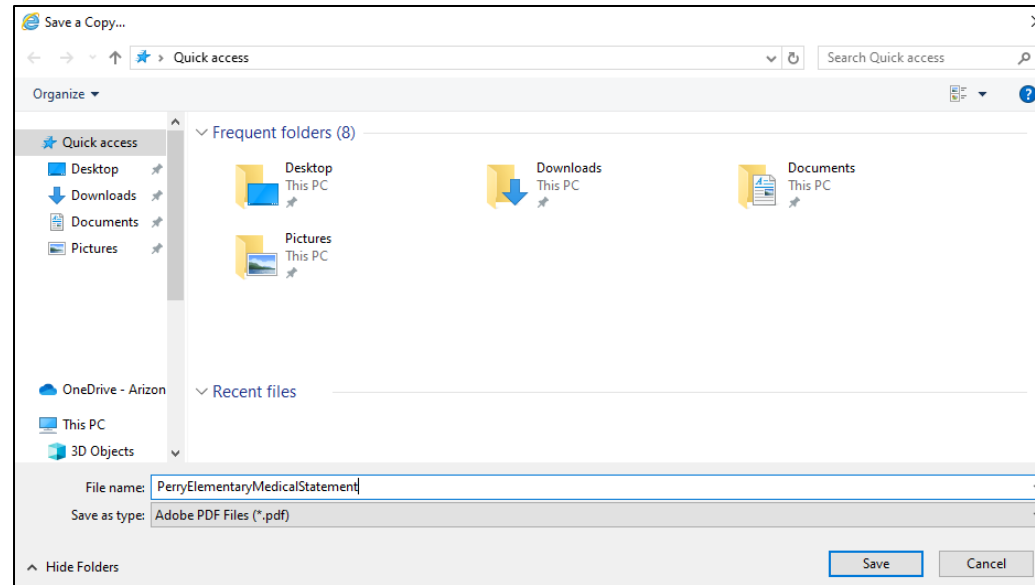
Special Dietary Needs | Requested by: _____ (Name of parent/guardian) | Date: _____ (Date of request) | Requested by: _____ (Opportunity provider)

Continue

Creating the SFA's Customized Form

Renaming the Template

Once the user clicks the 'Save' icon, the box shown below will appear. The user can then rename and save the template to their computer.

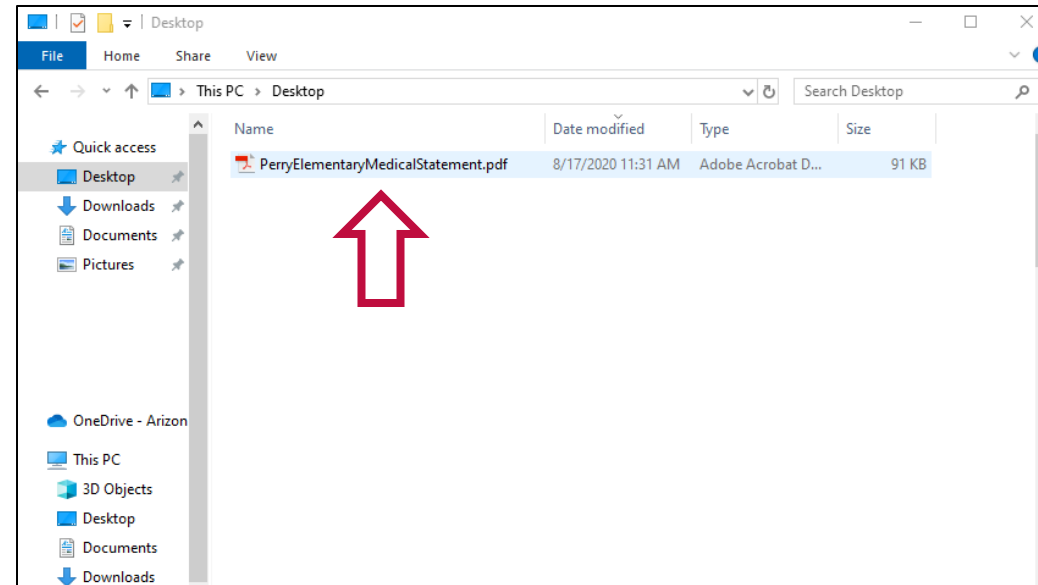


Continue

Creating the SFA's Customized Form

Opening the Saved Template

To customize the PDF that was saved, the user will first go into their files where they saved the template and open it by double clicking on the title.



Continue

Creating the SFA's Customized Form

Editing the Saved Template

The screen shown below will appear. To begin customizing the template, the SFA will click, 'Edit PDF' shown on the right of the screen.

The screenshot displays the Adobe Acrobat Pro DC interface with a PDF document open. The document is a form titled "Medical Statement for Students with Special Dietary Accommodations" from the Arizona Department of Education Health and Nutrition Services. The form contains several input fields for personal and contact information. On the right side of the interface, a vertical toolbar is visible, and a red arrow points to the "Edit PDF" option. Other options in the toolbar include "Create PDF", "Export PDF", "Comment", "Organize Pages", "Enhance Scans", "Protect", "Fill & Sign", and "Prepare Form".

Part I: 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: _____

Continue

Creating the SFA's Customized Form

Entering SFA Information into the Template

The user now can delete old text and type their own information directly into the PDF as shown below.

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 **John Smith, Perry Elementary School Nutrition Supervisor** at **John.Smith@PES.org** or **(602) 123-4567**. For any questions, please contact **John Smith** at **(602) 345-6789** or **John.Smith@PES.org**.

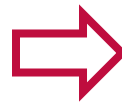


Continue

Creating the SFA's Customized Form

Saving the Customized Medical Statement

Now the user can re-save their customized *Medical Statement for Students with Special Dietary Accommodations*, and it is ready for use!



PerryElementaryMedicalStatement.pdf - Adobe Acrobat Pro DC

File Edit View Window Help

- Open... Ctrl+O
- Create
- Save Ctrl+S
- Save As... Shift+Ctrl+S
- Save as Other
- Export To
- Attach to Email...
- Revert
- Close Ctrl+W
- Properties... Ctrl+D
- Print... Ctrl+P
- 1 C:\...\PerryElementaryMedicalStatement.pdf
- 2 C:\Users\hknutso\...\S-L 8-17 and 8-19.pdf
- 3 C:\Users\...\A-L Request for 5-31.pdf
- 4 C:\Users\hknutso\...\Leave Request Form.pdf
- 5 C:\Users\...\Strategic Goals - HK.pdf
- View All Recent Files...
- Exit Ctrl+Q

Arizona Department of Education
Health and Nutrition Services

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, After-school Snack Program, and Summer Food Service Program. Send completed forms to John Smith, Perry Elementary School Nutrition Supervisor at John.Smith@PES.org or (502) 423-4597. For any questions, please contact John Smith at (502) 345-8759 or John.Smith@PES.org.

Part I: 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: _____

Special Dietary Needs | Revised April 2020 | Arizona Department of Education | This institution is an equal opportunity provider.

Completing the Medical Statement



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: _____	Birth Date: _____
School Name: _____	Child's Grade: _____
Student ID #: _____	
Parent/Guardian Name: _____	Cell Phone: _____
Email: _____	Work Phone: _____
Parent/Guardian Signature: _____	

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: _____

Completing the Medical Statement

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 the student participates in.

- 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.

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



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

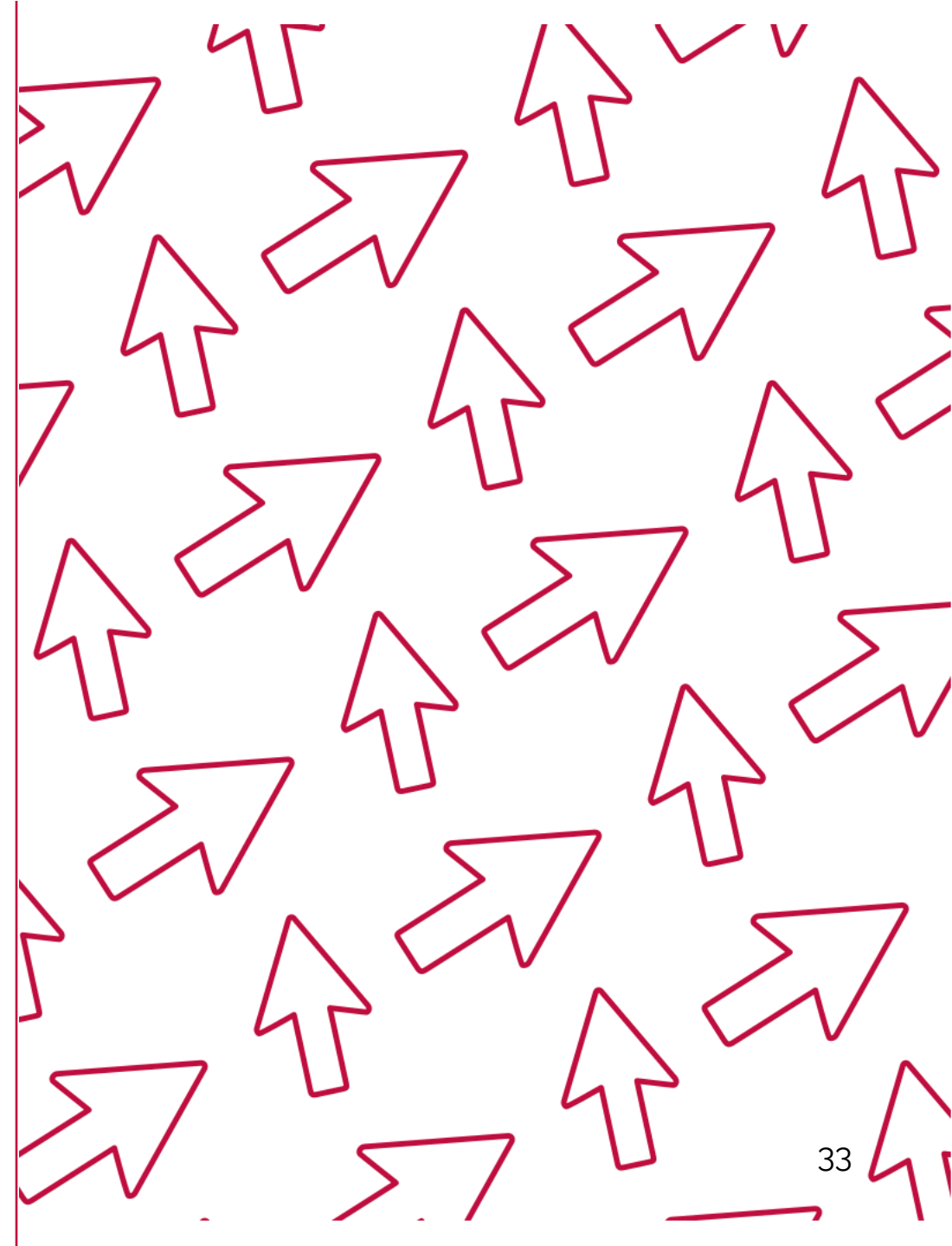
SFAs are required to honor sufficient medical statements for all students who participate in the SNPs. They are expected to provide students with prescribed substitutions (within reason) and do their best to make all meals nutritious and enjoyable.

Technical Assistance

If you have any questions related to special dietary accommodations, visit *Policy Memorandum on Modifications to Accommodate Disabilities in the School Meals Programs* and *SP 59-2016*:

<https://fns-prod.azureedge.net/sites/default/files/cn/SP59-2016os.pdf>

You can also contact your School Nutrition Programs Specialist if you have additional questions about special dietary accommodations.



Congratulations

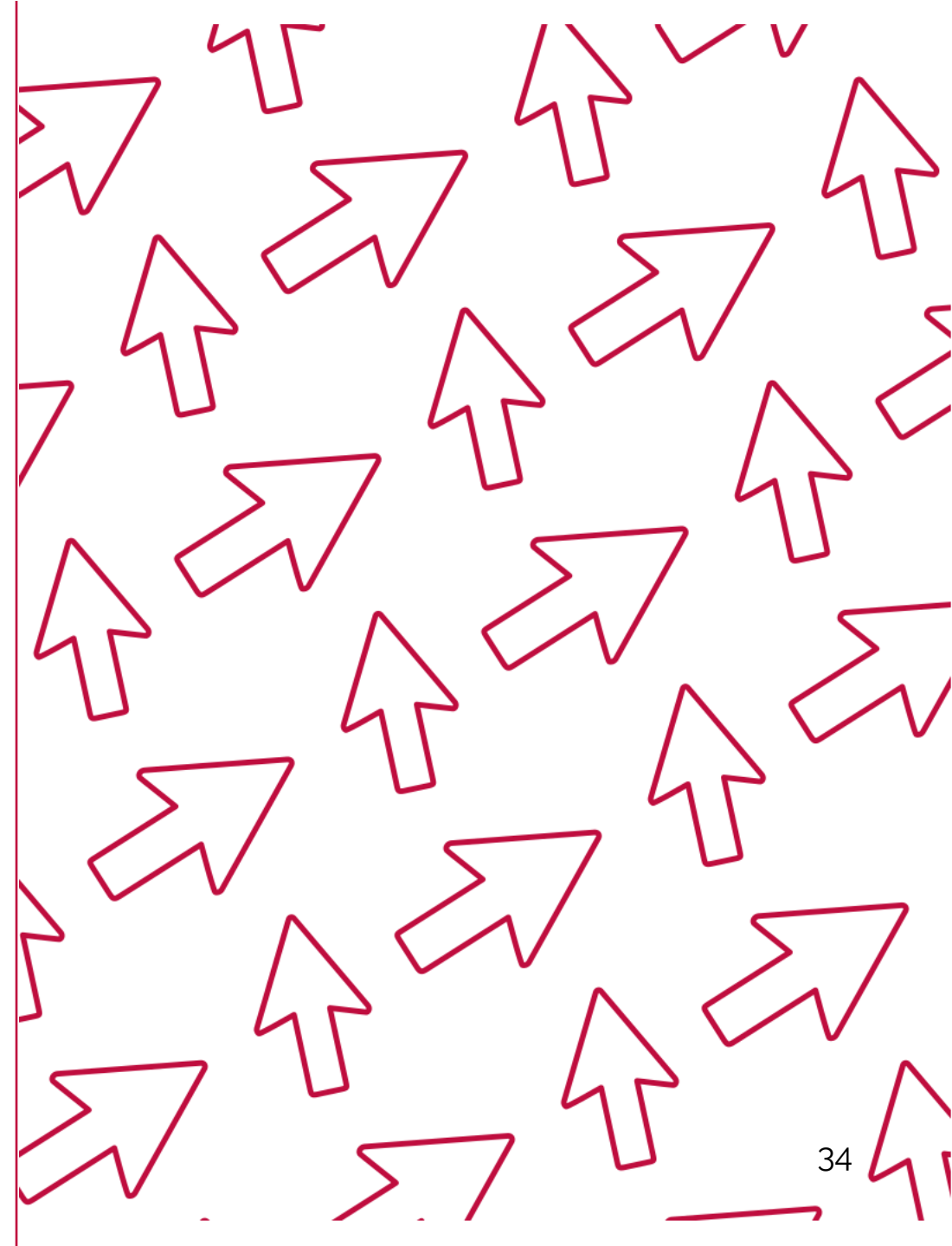
You have completed the Step-by-Step Instruction:
How to Complete the Medical Statement for Students with Special Dietary Accommodations

In order to count this training towards your Professional Standards training hours, the training content must align with your job duties.

Information to include when documenting this training for Professional Standards:

- **Training Title:** How to Complete the Medical Statement for Students with Special Dietary Accommodations
- **Learning Code:** 1160
- **Key Area:** 1000 – Nutrition
- **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.



Training Certificate

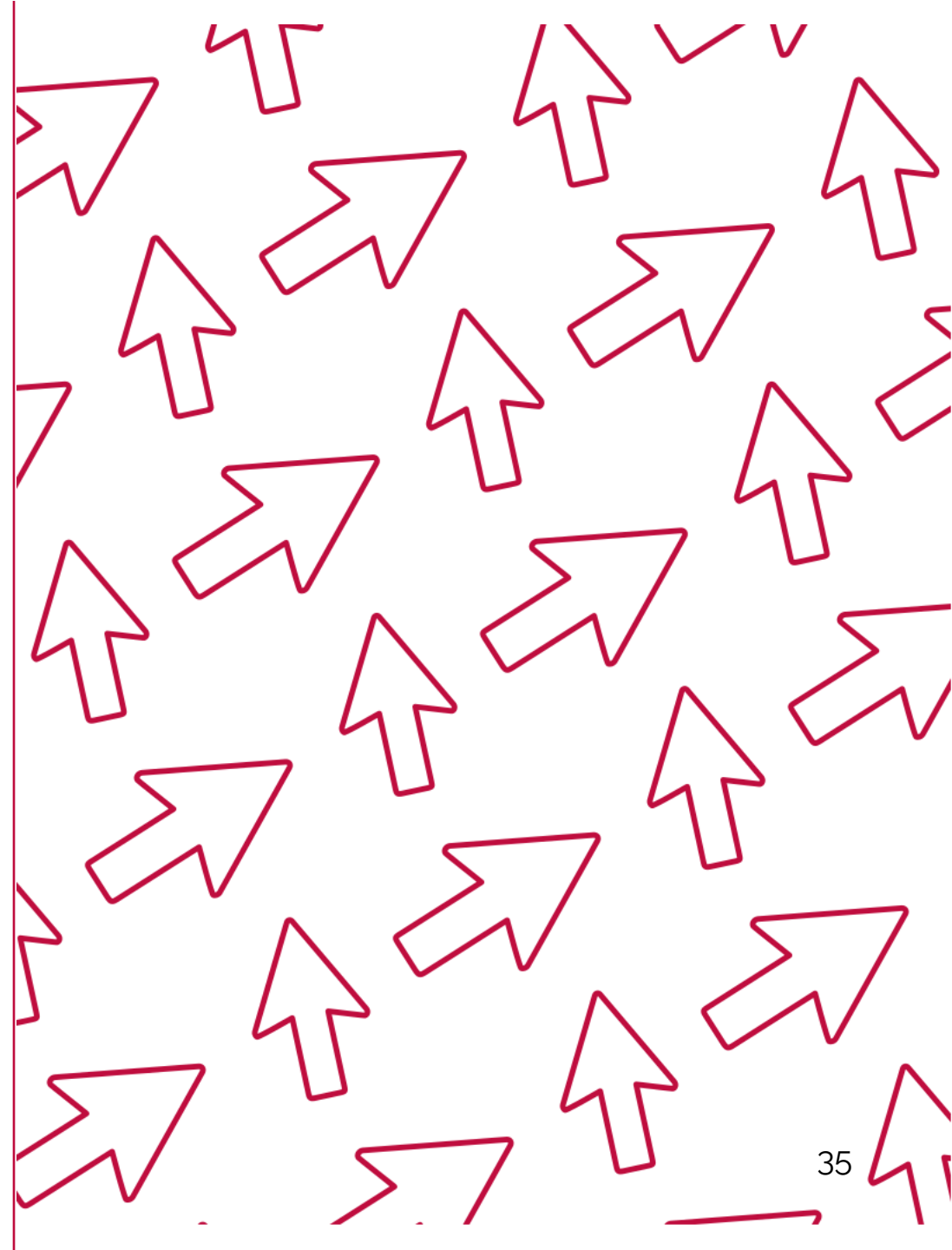
Please click on the link below to complete a brief survey about this training. Once the survey is complete, you will be able to print your certificate of completion from Survey Monkey.

**This will not appear in your Event Management System (EMS) Account.*

<https://www.surveymonkey.com/r/OnlineHowToGuides>

The information below is for your reference when completing the survey:

- Training Title: ***How to Complete the Medical Statement for Students with Special Dietary Accommodations***
- Professional Standards Learning Code: **1160**





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 on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:

<https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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:

(833) 256-1665 or (202) 690-7442; or

3. email:

program.intake@usda.gov

This institution is an equal opportunity provider.