DEPARTAMENTO DE
EDUCACIÓN
GOBIERNO DE PUERTO RICO
AGENCIA ESTATAL, SERVICIOS DE ALIMENTOS Y NUTRICIÓN

MEDICAL STATEMENT
REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS

School/Agency Name	Site Name	Site Telephone Number
Name of Participant		Age or Date of Birth
Name of Parent or Guardian		Telephone Number

Marque uno:

☐ The participant has a disability or a medical condition and requires a food substitution or reasonable accommodation. Institutions, schools, and childcare centers participating in the Child Nutrition Programs must comply with requests for special foods and any necessary adaptive equipment. A licensed healthcare professional authorized to issue medical statements under state law, or a registered dietitian, must complete and sign this form.

☐ The participant does not have a disability but is requesting special food due to food intolerance or other medical condition and/or reasonable accommodation to substitute fluid milk with a non-dairy beverage that meets the nutritional standards established for milk substitutes. Food preferences do not constitute an appropriate use of this form. Institutions, schools, and agencies participating in the federal Child Nutrition Programs are encouraged to honor reasonable requests.

Note: If a milk substitute that does not meet the nutritional standards established for non-dairy beverages is requested, this form must be completed and signed by a licensed healthcare professional authorized to issue medical statements under state law or by a registered dietitian.

Disability or medical condition requires a special meal or accommodation:

For participants with a disability, briefly describe the major life activities affected by this condition:

Diet prescription and/or accommodation:(*please describe in detail to ensure proper implementation-use extra pages as needed*)

Foods to be omitted and substitutions: (*please list specific foods to be omitted and suggested substitutions. you may attach a sheet with additional information as needed*)

A. Foods To Be Omitted	B. Suggested Substitutions
_____	_____
_____	_____
_____	_____

Indicate texture:

☐ Regular ☐ Chopped ☐ Ground ☐ Pureed

Adaptive Equipment:

Signature of Preparer	Printed Name	Telephone Number	Date
Signature, license number, and official seal of the physician, licensed nutritionist-dietitian (LND), or registered dietitian (RD)	Printed Name	Telephone Number	Date

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REQUEST
SPECIAL MEALS AND/OR ACCOMMODATIONS
INSTRUCTIONS

- School/Agency: Print the name of the school or agency that provides the form to the parent.
- Site: Print the name of the site where meals will be served (e.g., school site, childcare center, community center, etc.)
- Site Telephone Number: Print the telephone number of site where meal will be served. See #2.
- Name of Participant: Print the name of the child or adult participant to whom the information pertains.
- Age of Participant: Print the age of the participant. For infants, please use Date of Birth.
- Name of Parent or Guardian: Print the name of the person requesting the participant's medical statement.
- Telephone Number: Print the telephone number of parent or guardian.
- Check One: Check (✓) a box to indicate whether participant has a disability or does not have a disability.
- Disability or Medical Condition Requiring a Special Meal or Accommodation: Describe the medical condition that requires a special meal or accommodation (e.g., juvenile diabetes, allergy to peanuts, etc.)
- If Participant has a Disability, Provide a Brief Description of Participant's Major Life Activity Affected by the Disability: Describe how physical or medical condition affects disability. For example: "Allergy to peanuts causes a life-threatening reaction."
- Diet Prescription and/or Accommodation: Describe a specific diet or accommodation that has been prescribed by a physician or describe diet modification requested for a non-disabling condition. For example: "All foods must be either in liquid or pureed form. Participant cannot consume any solid foods."
- Indicate Texture: Check (✓) a box to indicate the type of texture of food that is required. If the participant
- does not need any modification, check "Regular".
- Foods to Be Omitted: List specific foods that must be omitted. For example, "exclude fluid milk."
- Suggested Substitutions: List specific foods to include in the diet. For example, "calcium fortified juice."
- Adaptive Equipment: Describe specific equipment required to assist the participant with dining. (Examples may include a sippy cup, a large handled spoon, wheel-chair accessible furniture, etc.)
- Signature of Preparer: Signature of person completing form.
- Printed Name: Print name of person completing form.

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- Telephone Number: Telephone number of person completing form.
- Date: Date preparer signed form.
- Signature of licensed physician: Signature and license number of licensed physician requesting the special meal or accommodation.
- Printed Name: Print name of licensed physician.
- Telephone Number: Telephone number of medical authority.
- Date: Date licensed physician signed form.

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, 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, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). 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, Mail Stop 9410, Washington, D.C. 20250-9410;
2. Fax: (202) 690-7442; or
3. Email: program.intake@usda.gov.

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