

Medical Statement for Diet Modification

RSU 57 School Nutrition Program

Submit completed form to: *Vanessa Richardson, Director of School Nutrition 86 West Road Waterboro, Maine 04087 or email vanessarichardson@rsu57.com*

Incomplete forms will be returned to the parent/guardian. **Any changes require the submission of a new form.**

Section I. Student, Parent/Guardian Contact Information		
Student Name:	DOB:	School:
Parent/Guardian Name:	Parent/Guardian Phone:	
<i>The following must be completed by the child's licensed medical provider (M.D. or D.O., PA, NP). Incomplete responses may delay the ability to provide the requested accommodation. All questions must be answered.</i>		
Section II. Diet Prescription		
<u>1. Explain how the child's medical condition affects their diet:</u>		
<u>2. Specify the type of special diet being requested (e.g. Diabetic, Gluten-Free):</u>		
<input type="checkbox"/> N/A		
<u>3. Does the student need texture modification?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please specify: <input type="checkbox"/> Chopped <input type="checkbox"/> Ground <input type="checkbox"/> Pureed <input type="checkbox"/> Thickened Liquids <input type="checkbox"/> Other		
<u>4. Does the student have a Food Intolerance?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please check: <input type="checkbox"/> Cow's Milk <input type="checkbox"/> Other (specify):		
<u>5. Does the student have a Food Allergy?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please check: <input type="checkbox"/> Milk Protein <input type="checkbox"/> Wheat <input type="checkbox"/> Soy <input type="checkbox"/> Peanuts <input type="checkbox"/> Fish <input type="checkbox"/> Eggs <input type="checkbox"/> Tree Nuts		
<input type="checkbox"/> Shellfish <input type="checkbox"/> Other (specify):		
Is the student at risk of anaphylaxis due to the above mentioned food allergy? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<u>6. List the Foods/ingredients to be Omitted:</u>	<u>7. List the Foods to be Substituted:</u>	
I certify that the above named student needs modified schools meals as described above because of a disabling medical condition which affects their diet.		
Signature of Licensed Medical Provider:		Date:
Printed Name:	Phone:	
Parent/Legal Guardian Permission I give permission for the above named school/district to follow the specified dietary instructions on this form and agree to allow the school/district to share this information with school nutrition program staff and the school nurse. I agree to allow the provider listed on this form and school/district personnel to discuss the information listed on this form.		
Parent/Legal Guardian Signature & Date:		

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, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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 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](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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.
- (4) This institution is an equal opportunity provider.

The Maine Human Rights Act prohibits discrimination because of race, color, sex, sexual orientation, age, physical or mental disability, genetic information, religion, ancestry or national origin.

Complaints of discrimination must be filed at the office of the Maine Human Rights Commission, 51 State House Station, Augusta, Maine 04333-0051. If you wish to file a discrimination complaint electronically, visit the Human Rights Commission website at <https://www.maine.gov/mhrc/file/instructions> and complete an intake questionnaire. Maine is an equal opportunity provider and employer.