MEDICAL STATEMENT
FOR
CHILDREN WITH DISABILITIES
Requesting Special Foods in Child Nutrition Programs

Part I (to be filled out by the School District or the Parent/Guardian)

Name of Student: ___________________________ Age: ___________________________

Name of Parent/Guardian: ______________________ Telephone Number: _______________________

School District: ___________________________ School Attended by Student: _______________________

Part II (to be filled out by a Physician)

Diagnosis (include description of the patient’s disability and the major life activity affected by the disability):

_____________________________________________________________________________________

_____________________________________________________________________________________

List food(s) to be omitted from diet:

_____________________________________________________________________________________

_____________________________________________________________________________________

List food(s) that may be substituted (diet plan) and any modifications of texture or consistency that are necessary:

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Date ___________________________ Signature of Physician ___________________________

Physician’s Telephone Number: ___________________________

Oklahoma State Department of Education Cafeteria Managers’ Training Section, July 2014  CM-125
MEDICAL STATEMENT
FOR
CHILDREN WITHOUT DISABILITIES
Requesting Special Foods in Child Nutrition Programs

Part I (to be filled out by SFA or Parent/Guardian)
Name of Student: ____________________________ Age: ____________________________
Name of Parent/Guardian: ______________________ Telephone Number: ________________
School District: ______________________________ School Attended by Student: __________

Part II (to be filled out by a recognized Medical Authority)
Diagnosis (include description of the patient’s medical or other special dietary needs that restrict the child’s diet):

________________________________________________________________________________
________________________________________________________________________________

List food(s) to be omitted from diet:

________________________________________________________________________________
________________________________________________________________________________

List food(s) that may be substituted (diet plan):

________________________________________________________________________________
________________________________________________________________________________

Additional information:

________________________________________________________________________________
________________________________________________________________________________

Date ____________________________ Signature of Recognized Medical Authority

Telephone Number: ____________________________
MILK SUBSTITUTION REQUEST

Student’s Name: ___________________________ Age: ______ Grade: ______

The Mustang Public School is participating in the milk substitution provision which states that a school may substitute for the fluid milk a nondairy beverage that is nutritionally equivalent to fluid milk and meets Nutritional Standards established by the United States Department of Agriculture (USDA). At a minimum, the Nutritional Standards shall include fortification of calcium, protein, vitamin A, and vitamin D to levels found in cow’s milk for students who cannot consume fluid milk because of a medical or other special dietary need other than a disability.

The Mustang Public School has notified the State Department of Education (the State Agency) that the school is implementing this variation. The substitution requires a written statement by a medical authority or by a student’s parent or legal guardian that identifies the medical or other special dietary need which restricts the student’s diet, except that the school shall not be required to provide beverages other than beverages the school has identified as acceptable substitutes.

Acceptable substitutes are as follows:
Soy milk, 8 oz. carton, Pearl ***Water or juice are not USDA approved substitutes for cow’s milk**

Expenses incurred in providing substitutions that are in excess of expenses covered by reimbursements shall be paid by the school district.

For Medical Authority or Parent/Guardian to Complete: *Dislike is NOT a reason*

Reason for Milk Substitution: ______________________________________________________

________________________________________

Date

Signature of Medical Authority or Parent/Guardian

Oklahoma State Department of Education Compliance Section, July 2013
G. State (Oklahoma) law and FMNV (Effective July 1, 2007)

1. Senate Bill 265, which went into effect on July 1, 2007, was signed into law by Governor Brad Henry on April 14, 2005. The bill introduced a new section of law (70 O.S. Section 5-147) providing that each district board of education shall ensure that:

a. Students in elementary school facilities are not provided FMNV except on special occasions. (Reference 70 O.S. §5-147)

b. Students in middle and junior high school facilities are not provided FMNV except after school, at events which take place in the evening, and on special occasions. An exception to the minimal nutritional value standard will be diet soda with less than ten calories per bottle or can.

c. Students in high schools are provided healthy food options in addition to any FMNV to which they have any access at school. Each district shall provide incentives such as lower prices or other incentives to encourage healthy food choices for high school students.

d. For purpose of this section, *foods of minimal nutritional value* means any food so defined in 7 CFR 210.11 and listed in Appendix B of the regulations for the NSLP.

c. There may be exceptions to the above-named rules in certain instances. For example, FMNV may be allowed when used as part of an instructional program; when prescribed by a physician or as part of a student's individualized education program (IEP); when part of a lunch brought from home; or when used as an ingredient in a special recipe, such as cupcakes with jellybeans or sweet potatoes with marshmallow topping.

H. Special Medical or Dietary Needs

1. USDA regulations state “Schools shall make substitutions in foods listed in this section for students who are considered disabled under 7 CFR Part 15(b) and whose disability restricts their diet. Schools *MAY* also make substitutions for nondisabled students who are unable to consume the regular breakfast, lunch, or milk provided under the Special Milk Program (SMP) because of medical or other special dietary needs. Substitutions shall be made on a case-by-case basis only when supported by a statement of the need for substitutions that includes recommended alternate foods, unless otherwise exempted by USDA Food and Nutrition Service (FNS). Such statement shall, in the case of a disabled student, be signed by a physician or, in the case of a nondisabled student, by a recognized medical authority.” (Refer to pages CM-123 and CM-125 for medical forms.)

2. SFA Responsibilities:

- Required to make substitutions or accommodations for students with disabilities if meals or milk under SMP is normally available to the general student population and a Section 504 Plan is on file for the student (the Rehabilitation Act of 1973).

- Must provide additional meal services or food items not normally available for disabled students when required in an IEP (Individuals With Disabilities Education Act [IDEA]).

- Must base substitutions or modifications for disabled students on a prescription written by a licensed physician.
• Must base substitutions or modifications for nondisabled children on a medical statement by a medical authority.

• Must not revise or change a diet prescription or medical order.

• May provide food or beverage substitutions or accommodations for nondisabled children with special dietary needs as supported by a statement signed by a recognized medical authority.

  *Documentation of special dietary needs must be on file at the cafeteria manager’s office.*

I. Food Allergy

1. Generally, children with food allergies or intolerances do not have a disability as defined under either Section 504 of the Rehabilitation Act or Part B of IDEA, and the school food service MAY, but is not required to, make food substitutions for them.

2. However, when in the licensed physician’s assessment, food allergies may result in severe, life-threatening (anaphylactic) reactions, the child’s condition would meet the definition of DISABILITY and the substitutions prescribed by the licensed physician must be made. It is the responsibility of the SFA to pay for any substitutions required. *(For more information on allergy and anaphylaxis label reading, go to <www.foodallergy.org>)*

I. Milk Substitutions (Nondairy Beverage)

1. Public Law 108-265, Section 102 states that a school MAY substitute for the fluid milk requirement a nondairy beverage that is nutritionally equivalent to fluid milk and meets nutritional standards established by USDA for students who cannot consume fluid milk because of a medical or other special dietary need other than a disability.

2. Substitutions MAY be made if the school notifies the State Agency in its Renewal Policy Statement that the school is implementing this variation. The substitution is required to have a written statement from a medical authority or from a student’s parent or legal guardian (refer to page CM-127 to see an example of the Milk Substitution Request Form) that identifies the medical or other special dietary need that restricts the student’s diet. The school shall not be required to provide beverages other than beverages the school has identified as acceptable substitutes.

3. Expenses incurred in providing substitutions that are in excess of expenses covered by reimbursement shall be paid by the SFA.

*NOTE: Only meals that contain milk or an acceptable milk substitute are reimbursable unless the school is implementing the Offer versus Serve provision and the student declines the milk.*

a. **REMINDER:** Acceptable fluid milk to serve includes pasteurized:

- Unflavored or flavored fat-free milk
- Unflavored lowfat milk
- Lactose-reduced milk
- Lactose-free milk
- Cultured buttermilk