

MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS

1. School/Agency Name Yellville-Summit	2. Site Name Yellville-Summit Elementary	3. Site Telephone Number 870-449-4244	
4. Name of Child or Adult Participant		5. Age or Date of Birth	
6. Name of Parent or Guardian		7. Telephone Number	
8. Check One: ☐ Participant has a disability or a medical condition that requires a special meal and/or accommodation. (Refer to definitions on reverse side of this form.) Schools and agencies participating in federal nutrition programs must comply with requests for special meals and any adaptive equipment. ☐ Participant does not have a disability, but is requesting a special meal or accommodation due to a food intolerance or other medical reason. Food preferences are not an appropriate use of this form. Schools and agencies participating in federal nutrition programs are encouraged to accommodate reasonable requests. A licensed physician, physician assistant, or nurse practitioner must complete and sign this form.			
9. The participant's disability or medical condition requiring a special meal or accommodation:			
10. If participant has a disability, provide a brief description of his/her major life activity affected by the disability:			
11. Diet prescription and/or accommodation (please describe in detail to ensure proper implementation-use extra pages as needed):			
12. Indicate food texture for above participant: ☐ Regular ☐ Chopped ☐ Ground ☐ Pureed			
13. 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): <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> A. Foods To Be Omitted <hr/><hr/><hr/><hr/> </div> <div style="width: 48%;"> B. Suggested Substitutions <hr/><hr/><hr/><hr/> </div> </div>			
14. Adaptive equipment to be used:			
15. Signature of Recognized Medical Authority*	16. Printed Name	17. Telephone Number	18. Date

The information on this form should be updated to reflect the current medical and/or nutritional needs of the participant.

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 or 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 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.