

Medical Statement for Students with Unique Mealtime Needs for School Meals

When completed fully, this form gives schools the information required by the U.S. Department of Agriculture (USDA), U.S. Office for Civil Rights (OCR), and U.S. Office of Special Education and Rehabilitative Services (OSERS) for meal modifications at school. See *“Guidance for Completing Medical Statement for Students with Unique Mealtime Needs for School Meals”* (previous page) for help in completing this form.

Student Information -- To be completed by PARENT/GUARDIAN					
STUDENT INFORMATION	Last Name		First Name	Middle Name	Date of Birth
	School			Grade	Student ID#
SELECT the school-provided meals and/or snacks in which this student will participate:	<input type="checkbox"/> School Breakfast <input type="checkbox"/> School Lunch <input type="checkbox"/> Afterschool Snack				
PARENT/GUARDIAN CONTACT INFORMATION	Printed Name of PARENT/GUARDIAN				
	Mailing Address		City	State	Zip Code
	Work Phone	Home Phone	Mobile Phone	Email	
Please describe the concerns you have about your student's nutritional needs at school:					
PARENT/GUARDIAN Consent	<i>I agree to allow my child's health care provider and school personnel to communicate as needed regarding the information on this form.</i>				
	Parent/Guardian Signature			Date	
Please return this fully completed Medical Statement with signatures from both parent/guardian and medical authority, to your child's teacher, principal, nurse, Special Education case manager, or Section 504 case manager, School Nutrition Administrator, or the school staff person who gave you the blank form.					

PART A: Therapeutic Component (To be completed by a **RECOGNIZED MEDICAL AUTHORITY**, i.e., Licensed physicians, physician assistants, and nurse practitioners)

Medical Diagnosis:

Diet Order:

STUDENT INFORMATION	Last Name	First Name	Middle Name	Student ID#
PART B: Texture Component <i>(To be completed by a RECOGNIZED MEDICAL AUTHORITY, i.e., Licensed physicians, physician assistants, and nurse practitioners)</i>				
Designate safest diet level requirement for FOOD:		Designate safest viscosity level for LIQUIDS:		
Dysphagia Diet (IDDSI) <input type="checkbox"/> Level 4: Pureed <input type="checkbox"/> Level 5: Minced & Moist <input type="checkbox"/> Level 6: Soft & Bite Sized <input type="checkbox"/> Level 7: Easy to Chew <input type="checkbox"/> Level 7: Regular	Other Directions:	<input type="checkbox"/> Level 0: Thin <input type="checkbox"/> Level 1: Slightly Thick <input type="checkbox"/> Level 2: Mildly Thick <input type="checkbox"/> Level 3: Moderately Thick <input type="checkbox"/> Level 4: Extremely Thick	Other Directions:	
NOTE If your assessment of the child does not yield sufficient data to fully complete the above sections applicable to the student's mealtime needs, please refer the child/family to the appropriate health care professional for completion of the assessment.				

Signature of Recognized Medical Authority*	Printed Name	Phone Number ()	Date
* A recognized medical authority in N.C. includes licensed physicians, physician assistants and nurse practitioners.		Medical Office Stamp:	

PART C: Child Nutrition Information Only <i>(To be completed by Child Nutrition Services)</i>	
School Nutrition Administrator's Signature:	Date:
NOTES: (School Nutrition or other School Program staff)	
School Nutrition Administrator's Signature (Second Review, If Applicable):	
Date:	

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	(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 .
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