



# MEDICAL STATEMENT FOR SPECIAL MEALS OR ACCOMODATIONS

Family Child Care Food Program

13100 Brooks Drive, Ste. 100, Baldwin Park, Calif. 91706 | 626-338-4165

<b>1. Agency name:</b> Options for Learning Family Child Care Food Program	
<b>2. Provider name:</b>	<b>3. Provider phone:</b>
<b>4. Name of child:</b>	<b>5. Child date of birth:</b>
<b>6. Name of parent/guardian:</b>	<b>7. Parent/guardian phone:</b>
<b>8. Description of child physical or mental impairment affected:</b>	
<b>9. Explanation of diet prescription or accommodation to ensure proper implementation:</b>	
<b>10. Indicate food texture for above child:</b> <input type="checkbox"/> Regular <input type="checkbox"/> Chopped <input type="checkbox"/> Ground <input type="checkbox"/> Pureed	
<b>11. Foods to be omitted:</b>	
<b>12. Appropriate suggested substitutions:</b>	
<b>13. Adaptive equipment to be used:</b>	
<b>14. *Signature of state-licensed health care professional:</b>	<b>15. Printed name:</b>
<b>16. Phone number:</b>	<b>17. Date:</b>

**\*For this purpose, a state-licensed health care professional in California is a licensed physician, physician assistant, or nurse practitioner.**

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

### U.S. DEPARTMENT OF AGRICULTURE NONDISCRIMINATION STATEMENT

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# INSTRUCTIONS

1. **Agency:** Print the name of the school or agency that is providing the form to the parent.
2. **Provider:** Print the name of provider site where meals will be served.
3. **Provider phone:** Print the phone number of the provider site where meals will be served.
4. **Name of child:** Print the name of the child or participant to whom the information pertains.
5. **Child date of Birth:** Print the date of birth of the child.
6. **Name of parent or guardian:** Print the name of the person requesting the child's medical statement.
7. **Parent/guardian phone:** Print the phone number of parent or guardian.
8. **Description of child or participant's physical or mental impairment affected:** Describe how the physical or mental impairment restricts the child or participant's diet.
9. **Explanation of diet prescription or accommodation to ensure proper implementation:** Describe a specific diet or accommodation that has been prescribed by the state healthcare professional.
10. **Indicate texture:** If the child or participant does not need any modification, check **Regular**.
11. **Foods to be omitted:** List specific foods that must be omitted (e.g., exclude fluid milk).
12. **Suggested substitutions:** List specific foods to include in the diet (e.g., calcium-fortified juice).
13. **Adaptive equipment to use:** Describe specific equipment required to assist the child with dining (e.g., sippy cup, large-handled spoon, wheelchair-accessible furniture, etc.).
14. **Signature of state-licensed health care professional:** Signature of state-licensed health care professional requesting the special meal or accommodation.
15. **Printed name:** Print name of state-licensed health care professional.
16. **Phone number:** Phone number of state-licensed health care professional.
17. **Date:** Date state-licensed health care professional signed form.

## **Citations are from Section 504 of the Rehabilitation Act of 1973, Americans with Disabilities Act (ADA) of 1990, and ADA Amendment Act of 2008:**

**A person with a disability** is defined as any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment.

**Physical or mental impairment** means (a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory; speech; organs; cardiovascular; reproductive, digestive, genito-urinary; hemic and lymphatic; skin; and endocrine; or (b) any mental or psychological disorder, such as intellectual disability, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

**Major life activities** include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

**Major bodily functions** have been added to major life activities and include the functions of the immune system; normal cell growth; and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

**Has a record of such an impairment** means a person has or has been classified (or misclassified) as having a history of mental or physical impairment that substantially limits one or more major life activities.