MEDICAL STATEMENT
TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS
(The Child Care Provider or Parent/Guardian may ONLY complete Part 1—7)

(1) Name of Child	(2) Date of Birth	(3) Name of Child Care Provider	(4) Provider's CNPSC ID #
(5) Name of Parent or Guardian	(6) Telephone Number (Parent or Guardian) ( )		(7) Provider's Telephone Number ( )

(8) Description of Child's Physical or Mental Impairment Affected: _____

_____

_____

_____

(9) Explanation of Diet Prescription and/or Accommodation to Ensure Proper Implementation: _____

_____

_____

_____

(10) Indicate food texture (circle): Regular Chopped Ground Pureed

Foods to be Omitted and Appropriate Substitutions: Please list specific foods to be omitted **AND** substitutions. You may attach a separate page with additional information if necessary.

(11) Foods to be Omitted	**(12) Suggested Substitutions**

(13) Adaptive Equipment to be Used: _____

(14) Signature of State Licensed Healthcare Professional*	(15) Printed Name	(16) Telephone Number ( )	(17) Date
(18) Licensed Healthcare Professional's* License Number	(19) Licensed Healthcare Professional's* Address, City, State, Zip		

***For this purpose, a state licensed healthcare professional in California is a licensed physician, physician assistant, or a nurse practitioner.**

The information on this form should be updated, as necessary, to reflect any changes in medical and/or nutritional needs of the child.

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TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS NSTRUCTIONS

1. Name of Child
2. Child's Date of Birth
3. Name of Child Care Provider
4. Child Care Provider's CNPSC ID Number
5. Name of the Child's Parent or Guardian
6. Telephone Number of the Child's Parent or Guardian
7. Telephone Number of the Child Care Provider
8. Description of Child's Physical or Mental Impairment Affected: Describe how the physical or mental impairment restricts the child's diet.
9. Explanation of Diet Prescription and/or Accommodation to Ensure Proper Implementation: Describe a specific diet or accommodation that has been prescribed by the state healthcare professional.
10. Indicate Texture: Circle the type of food texture to indicate the type of food texture that is required. If the child does not need any modification, circle "Regular".
11. Foods to Be Omitted: List specific foods that must be omitted. For example, "exclude fluid milk."
12. Food Substitutions: List specific foods to include in the diet. For example, "calcium fortified juice."
13. Adaptive Equipment to be Used: Describe specific equipment required to assist the child with dining. (Examples may include a Sippy cup, a large handled spoon, wheel-chair accessible furniture, etc.)
14. Signature of State Licensed Healthcare Professional: Signature of state licensed/healthcare professional requesting the special meal or accommodation.
15. Printed Name: Print name of state licensed healthcare professional completing form.
16. Telephone Number: Telephone number of state licensed healthcare professional completing form.
17. Date: Date state licensed healthcare professional signed form.
18. State licensed healthcare professional's License Number.
19. State licensed healthcare professional's Address.

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.