

Food/Beverage Substitution Request Form

Name of Child	
Name of Parent or Guardian	Telephone Number
Food/Beverage to Omit	Food/Beverage to Substitute
Diagnosis:	
Symptoms when food/beverage to be omitted is consumed:	
<input type="checkbox"/> Not applicable, lifestyle or religious preference	
<input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Itching <input type="checkbox"/> Swelling <input type="checkbox"/> Rash <input type="checkbox"/> Wheezing <input type="checkbox"/> Coughing	
<input type="checkbox"/> Choking <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Other: _____	
Severity of symptoms: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	
General comments:	
Check one: This section must be completed by a Licensed Physician , refer to the reverse side of this page for definitions	
<input type="checkbox"/> Child has a disability (<i>requires</i> the food/beverage substitution be followed by the care giver)	
<input type="checkbox"/> Child does not have a disability (does not <i>require</i> the food/beverage substitute to be followed by the care giver, but is <i>requested</i>)	
Signature of medical authority and title	
Telephone Number	Date
I give permission for the institution's personnel responsible for implementing my child's prescribed diet order to discuss my child's special dietary accommodations with any appropriate institution staff and to follow the prescribed diet order for my child's meals. I also give permission for my child's medical authority to further clarify the prescribed diet order on this form if requested to do so by institution personnel.	
Signature of parent or guardian:	

A Licensed Physician is defined as an individual who has the authority to write a medical prescription. In Utah, this includes:

- Medical Doctor (MD)
- Physicians Assistant (PA)
- Osteopathic Physicians (DO)
- Advance practice Registered Nurses (APRN)
- Naturopathic Physicians (ND or NMD)

Who can complete form	For substitutions due to a disability <i>requires</i> the food/beverage substitution be followed by the care giver	For substitutions NOT due to a disability does not <i>require</i> the food/beverage substitute to be followed by the care giver, but is <i>requested</i>
	Licensed Physician (see above)	Licensed Physician (see above) Registered Nurse (RN) Registered Dietitian (RD/RDN) Parent or Guardian (Must meet meal pattern to be claimed)

Definition of Disability
Under Section 504 of the Rehabilitation Act of 1073 and the Americans with Disabilities Act (ADA) 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-(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, including speech organs; cardiovascular; reproductive, digestive, genitor-urinary; hemic and lymphatic; skin; and endocrine; or (b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

Major Life Activities-functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

Major Bodily Functions- functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, and reproductive functions

Record of Impairment-having a history of, or have been classified (or misclassified) as having a mental or physical impairment that substantially limits one or more major life activities. Individuals who take mitigating measures to improve or control any of the conditions recognized as a disability, are still considered to have a disability and require an accommodation. *

USDA Guidelines for Accommodating Special Dietary Needs

Disability-Institutions and agencies participating in federal nutrition programs **must** comply with requests for special dietary meals and any adaptive equipment with a documented disability and completed request form.

Non-disability-Institutions and agencies participating in federal nutrition programs **may** comply with requests for non-disabling medical conditions. Accommodations will be made on a case-by-case basis. However, if accommodations are made for a specific medical condition, complete requests for the same medical condition for other participants must be accommodated.

Fluid Milk Substitutions-Fluid milk substitutions apply to non-disability requests. Institutions and agencies participating in the federal nutrition program **may** accommodate complete requests with a USDA approved non-milk equivalent. If accommodations are made for one child requesting a fluid milk substitute, accommodations must be made for all children requesting a fluid milk substitute.

For internal use only	
<input type="checkbox"/> Marked as disability or treating as disability (required to accommodate request)	
<input type="checkbox"/> Not marked as disability	Date
<input type="checkbox"/> Center is accommodating request or <input type="checkbox"/> Center is not accommodating request	

This institution is an equal opportunity provider.