

REQUEST FOR A SPECIAL DIETARY ACCOMMODATION

Medical Statement

A parent/guardian requesting special dietary accommodations for a student with a disability that restricts the diet must provide the Medical Statement for Special Dietary Needs signed by a state authorized medical authority. The request must contain the following information:

- An explanation of how the student's physical or mental impairment restricts the diet
- The food(s) to be avoided
- The food(s) to be substituted

Where to Submit

A special dietary accommodation for a student who has a disability that restricts the student's diet must be supported by a Medical Statement for Special Dietary Needs, which should be submitted to the Special Dietary Accommodation Coordinator: Paul Thompson, 715-623-2200, p.thompson@peaceantigo.org

PERSONAL REQUESTS

When a request for a special dietary accommodation is not supported by an authorized Medical Statement for Special Dietary Needs, the school cannot provide modified meals that are not in compliance with USDA Child Nutrition Program requirements.

Fluid Milk Substitution

The school district shall offer a federally approved milk substitute with a written and signed request from a parent or guardian that identifies the reason for the special dietary accommodation.

- ❖ Please refer to the full Peace Lutheran School, Special Dietary Needs Policy for additional information.



Wisconsin Department of Public Instruction
**MEDICAL STATEMENT FOR SPECIAL
DIETARY NEEDS**
PI-6314 (Rev 06-24)

INSTRUCTIONS: Please read page one before completing this form.

I. GENERAL INFORMATION

Student's Name	Age	Name of School	Student's PIN / ID Number	Grade
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II. ACCOMODATIONS

1. How does the child's physical or mental impairment restrict his or her diet?

2. What foods or types of food should be omitted? Please be specific.

3. List foods to be substituted (avoid specific brand names unless medically necessary).

4. Additional comments:

III. SIGNATURES

Parent or Legal Guardian's Name	Relationship	Phone Number
Signature of Parent or Legal Guardian >		Date Signed
Authorized Medical Authority's Name	Title ☐ Dentist ☐ Optometrist ☐ Podiatrist ☐ Nurse Practitioner	☐ Physician ☐ Physician Assistant ☐ Registered Dietitian Phone Number
Signature of Authorized Medical Authority >		Date Signed

USDA Nondiscrimination Statement 2015

This 2015 version is only allowable if the school food authority is claiming a religious exemption.

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, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may 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 complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at:

http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of 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.

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