

Dietary Restrictions & Substitutions Statement



The following statement is for United States Department of Agriculture (USDA) programs, including the Child and Adult Care Food Program.

USDA regulations 7CFR Part 15B require substitution or modifications in school/program meals for children whose disabilities (defined below) restrict their diets. A child with a disability must be supplied substitutions in foods when that need is supported by a statement signed by a licensed physician. Food allergies which may result in severe, life-threatening (anaphylactic) reactions, also meet the definition of "disability", and the substitutions prescribed by the licensed physician/medical authority would be made.

- **"Disability"**: A physical or mental impairment that substantially limits one or more of an individual's major life activities.
- **"Major Life Activity"**, as defined by ADAAA: caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, and major bodily functions.
- **"Major Bodily Functions"** has been defined as: functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, and reproductive functions.

The statement must include the following:

To be completed by Parent/Guardian

Child's Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Address: _____ City _____ State _____ Zip Code _____

Phone Number: (Home) _____ (Work) _____

Parent/Guardian Signature: _____ Date: _____

To be completed by child's Physician or Medical Authority:

State the "disability" and major life activities affected: _____

List the food allergies or food intolerances: _____

List any additional dietary restrictions or special diet: List the food or beverages to be substituted: _____

Physician's Name: _____ Office Number: _____

Physician/Medical Authority Signature: _____ Date: _____

*Please have parent/guardian review form annually and initial/date if no changes are required.

*Any changes require submission of a new form signed by the child's physician or medical authority.