

Request for meal modification

1. Name of Child	2. Age of Child	3. School Attended	
4. Name of Parent/ Guardian		5. Parent Phone Number	
6. Parent Email		7. Alternate Phone Number	
The remaining information is to be completed by a Licensed Healthcare Professional			
8. Description of Child's Impairment(s):			
9. Description of how the above impairment(s) affect the student's diet:			
10. Description of actions to be taken to accommodate dietary needs:			
11. Signature of State Licensed Healthcare Professional*	12. Printed Name	13. Phone Number	14. Date

Optional Section Completion greatly assists in the process of accommodating student	
15. Indicate Food Texture for Above Child:	
<input type="checkbox"/> Regular <input type="checkbox"/> Chopped <input type="checkbox"/> Ground <input type="checkbox"/> Pureed	
16. Foods to be Omitted and Appropriate Substitutions	
Foods To Be Omitted	Suggested Substitutions
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
17. Adaptive Equipment to be Used:	

*For this purpose, a state licensed healthcare professional in Tennessee includes a medical doctor, podiatrist, dentist, optometrist, osteopathic physician, physician assistant, or nurse practitioner.

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

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 mental retardation, 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.

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