# Food/Beverage Substitution Request Form

<table>
<thead>
<tr>
<th>Name of Child</th>
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<tr>
<th>Name of Parent or Guardian</th>
<th>Telephone Number</th>
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<tr>
<th>Food/Beverage to Omit</th>
<th>Food/Beverage to Substitute</th>
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</table>

### Diagnosis:

### Symptoms when food/beverage to be omitted is consumed:

- Not applicable, lifestyle or religious preference
- Nausea
- Diarrhea
- Itching
- Swelling
- Rash
- Wheezing
- Coughing
- Choking
- Shortness of breath
- Other: ________________________________

### Severity of symptoms:

- Mild
- Moderate
- Severe

### General comments:

### Check one: This section must be completed by a Licensed Physician, refer to the reverse side of this page for definitions

- Child has a disability (requires the food/beverage substitution be followed by the care giver)
- Child does not have a disability (does not require the food/beverage substitute to be followed by the care giver, but is requested)

### Signature of medical authority and title

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>Date</th>
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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)

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

**Definition of Disability**

Under Section 504 of the Rehabilitation Act of 1973 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**

- Marked as disability or treating as disability (required to accommodate request)
- Not marked as disability
- Center is accommodating request or Center is not accommodating request

This institution is an equal opportunity provider.