Hermiston Oregon Stake Trek

Medical Statement to Request Special Meals and/or Accommodations

Federal law and USDA regulation require Child Nutrition Programs to make reasonable modifications to accommodate children with disabilities. Under the law, a disability is an impairment which substantially limits a major life activity or bodily function, which can include allergies and digestive conditions, but does not include personal dietary preferences.

Site/Provider Name:	**Submit this form to:**

Part I To be completed by Parent/Guardian, Adult Participant, or Hermiston Stake Trek Leader

Name of Participant: _____

Parent/Guardian Name: _____ Phone #: _____

Part II To be completed *only* by a State licensed health care professional who is authorized to write medical prescriptions under State law*. Complete questions 1-3.

1. **Describe** the major life activity or major bodily function(s) affected by the participant's physical or mental impairment that restricts the diet:

   _____

   _____

2. **Meal Accommodation Plan (Foods to omit or avoid):**

   _____

   _____

3. **Foods to be substituted and recommended alternatives (include modification and accommodation):**

   _____

   _____

Signature of State Licensed Health Care Professional:

_____	_____	_____
Printed Name	Signature	Date

Part III Hermiston Stake Trek Leader Use Only

Accommodation(s) Made: _____

_____

Sponsor Signature: _____ Date: _____

***State License Health Care Professions** include: Medical Doctors of medicain (MD); Doctors of Osteopathy (DO); Doctors of Naturopathy (ND); Physician's Assistant (PA); Certified nurse practitioner or clinical nurse specialist; Doctor of Dental Medicine (DMD); Doctor of Dental Surgery (DDS); Doctor of Optometry (OD).

This institution is an equal opportunity provider.