

**Meal Substitution for Medical Reasons Form**  
**Bright from the Start**  
**Georgia Department of Early Care and Learning**  
**Child and Adult Care Food Program and Summer Food Service Program**

USDA regulations, 7 CFR Part 15b, require institutions and facilities to make substitutions or modifications in meals for children whose disabilities restrict their diets. 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 [29 USC § 705(9)(b); 42 USC § 12101; and 7 CFR 15b.3]. "Major life activities" are broadly defined and include, but are not limited to, caring for one's self, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working." "Major life activities" also include the operation of a major bodily function, including, but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions [29 USC § 705(9)(b) and 42 USC § 12101].

USDA regulations, requires CACFP institutions and SFSP sponsors to make reasonable modifications to the meal, including providing special meals at no extra charge, to accommodate disabilities which restrict a participant's diet. USDA regulations *do not require* institutions and facilities to provide substitutions for participants whose conditions do not meet the definition of a disabled person set forth in 7 CFR 15b. 3(i). Institutions and facilities may, *at their discretion*, provide substitutions for individual participants who do not have a disability, but are unable to consume a food item because of medical or other special dietary needs.

Please have the child's licensed physician or State licensed health care professional complete and sign the form. Note: Institutions/sponsors may use this form at their discretion. Declining use of this form will not result in disallowed meals.

<b>Child's Name</b>		<b>DOB</b>	
<b>Part A – Children with Known Disabilities</b>			
Does the child have a disability as defined as having a physical or mental impairment (non-food allergy related) which substantially limits one or more major life activities? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Does the child suffer from a food allergy? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Does the child's physical or mental impairment (non-food allergy related) or food allergy restrict the child's diet? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Part B</b>			
List the dietary restrictions, allergies, or food intolerances to avoid:			
List foods to be substituted:			
List any changes that need to be made in texture or preparation, such as chopping, grinding, or pureeing specific types of food:			
Indicate any other comments about the child's eating or feeding patterns:			
Parent's Signature			Date
Physician's or Medical Authority's Signature			Date