

Medical Statement for Student Requiring Special Meals Due to Disability

Student Name: _____ District/School: _____
 Birth Date: _____ School Contact Name: _____
 Parent Name: _____ School Attending: _____
 Address: _____ School Address: _____
 Telephone: _____ School Phone: _____

To be Completed by a Licensed Physician:

The school will make diet modifications for a disability **ONLY** when omitted foods and appropriate substitutions are prescribed by a licensed physician. If diet modifications are implemented by the school, they will continue until a licensed physician specifies that they should be changed or stopped. Parents/guardians are asked to annually request updated instructions for diet modifications from a licensed physician.

Disability and Diet Prescription:

Identify the disability (see definition on back of form) that causes the student to require diet modifications.

Describe the major life activities, affected by the disability, that require diet modifications.

Student needs one or more of the following:

- Diabetic diet (attach meal plan)
- Modified texture: Regular Chopped Ground Pureed
- Modified thickness of liquids: Regular Nectar Honey Pudding
- Other (describe) _____

List the specific food(s) to be omitted and food(s) that may be substituted. If more space is needed for omitted foods or substitutions, please continue on reverse side of form.

Omit Foods Listed Below:

Substitute Foods Listed Below:

_____	_____
_____	_____
_____	_____
_____	_____

Special Feeding Equipment: _____

(Continued on reverse side)

Medical Statement for Student with Disability, continued

Comments:

Certification:

I certify that the student named on this form needs the prescribed food and/or beverage omission(s) and substitution(s) due to his/her disability(ies).

Signature of Licensed Physician

Phone Number

Date

Signature of Preparer or Other Contact

Phone Number

Date

I hereby give permission for the school staff to make the prescribed food and/or beverage omission(s) and substitution(s) in my child's school meals.

Parent/Guardian Signature

Date

Definition of Disability

Federal regulations governing the Child Nutrition Programs provide that schools must make substitutions in breakfasts, lunches and after school snacks for students who are considered to have a disability and whose disability restricts their diet.

Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA), a "person with a disability" means "any person who has a physical or mental impairment which substantially limits one or more major life activity, has a record of such impairment, or is regarded as having such an impairment."

The term "physical or mental impairment" includes, but is not limited to, such diseases and conditions as:

- Orthopedic, visual, speech and hearing impairments
- Cerebral Palsy
- Epilepsy
- Muscular Dystrophy
- Multiple Sclerosis
- Cancer
- Heart disease
- Metabolic diseases, such as diabetes or phenylketonuria (PKU)
- Food anaphylaxis (severe food allergy)
- Mental retardation
- Emotional illness
- Drug addiction and alcoholism

Major life activities covered by this definition include caring for one's self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

Discontinuation of Diet Instructions for Allergies, Intolerances or Disabilities

Name of Medical Authority _____

Name of Student _____

School _____

I certify that the student named above is no longer in need of special school meals effective on the following date: _____

Signature of Recognized Medical Authority _____

Date _____

Street Address _____

Phone Number _____

City, State, Zip _____

Parent/Guardian

I give _____ School's personnel permission to contact the
(Name of School)
medical authority named above in order to clarify dietary needs for my child.

Parent/Guardian Signature _____

Date _____

Street Address, City, State, Zip _____

Phone Number _____

Medical Statement for Student Requiring Special Meals Due to Food Allergy or Intolerance

Student Name:	District/School:
Birth Date:	School Contact Name:
Parent Name:	School Attending:
Address:	School Address:
Telephone:	School Phone:

To be completed by a recognized medical authority such as a licensed physician, physician's assistant or nurse practitioner

The school is not required to provide substitutions for an allergy or food intolerance, and is permitted to do so **ONLY** when omitted foods and appropriate substitutions are specified by a medical authority. If diet modifications are implemented by the school, they will continue until a medical authority specifies that they should be changed or stopped. Parents/guardians are asked to annually request updated instructions for diet modifications from a medical authority.

Diet Prescription (check all that apply):

Student has a disability affecting the diet that meets the definition of "disability/handicapped" as described on the reverse side of this form. If yes, complete Medical Statement for Student with Disability Requiring Special Meals.

Food Allergy (describe): _____

Other (describe): _____

List the specific food(s) to be omitted and food(s) that may be substituted. If more space is needed for omitted foods or substitutions, please continue on reverse side of form.

Omit Foods Listed Below:

Substitute Foods Listed Below:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Continued on reverse side)

Medical Statement for Student with Food Allergies or Intolerances, continued

Comments:

Certification:

I certify that the student named on this form needs the prescribed food and/or beverage omission(s) and substitution(s) due to his/her food allergy(ies) and/or food intolerance(s).

Signature of Medical Authority Phone Number Date

Signature of Preparer or Other Contact Phone Number Date

I hereby give permission for the school staff to make the prescribed food and/or beverage omission(s) and substitution(s) in my child's school meals.

Parent/Guardian Signature Date

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Federal regulations governing the Child Nutrition Programs provide that schools must make substitutions in breakfasts, lunches and after school snacks for students who are considered to have a disability and whose disability restricts their diet.

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