Los Alamitos Unified School

MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR REASONABLE MODIFICATIONS

A. PARENT/GUARDIAN: COMPLETE NUMBERS 1-9

1. Print Student Last Name	2. Print Student First Name	3. Student ID #
4. Age or Date of Birth	5. School Name	6. School Telephone #
7. Print Parent/Guardian Name	8. Parent/Guardian Signature	9. Telephone Number

A. STATE LICENSED HEALTHCARE PROFESSIONAL (LICENSED PHYSICIAN, PHYSICIAN ASSISTANT, OR NURSE PRACTITIONER):COMPLETE NUMBERS 10-18

10. Description of Child or Participant's Physical or Mental Impairment Affected:

11. Explanation of Diet Prescription and/or Reasonable Modification to Ensure Proper Implementation:

12. Indicate food texture for above participant:

☐ Regular ☐ Chopped ☐ Ground ☐ Pureed

13. Foods to be Omitted and Appropriate Substitutions :

Foods To Be Omitted	Suggested Substitutions

14. Adaptive Equipment to be Used:	15. Signature of State Licensed Heathcare Professional*	
16. Printed Name	**17. Medical Authority's Telephone # ( )**	**18. Date**

*For this purpose, a state licensed healthcare professional in California is a licensed physician, a physician assistant, or a nurse practitioner.

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

This institution is an equal opportunity provider.

Los Alamitos USD Medical Statement to Request Special Meals

INSTRUCTIONS

1. Print the Last Name: Print the last name of the student or participant.
2. Print the Student First Name: Print the student or participant's first name.
3. Student ID #: Print the student or particpant's 10 digit student ID number.
4. Age or Date of Birth Student or Participant: Print the age of the student or participant.
5. School Name: Print the name of the school where meals will be served.
6. School Phone Number: Print the phone number of site where meal will be served.
7. Name of Parent or Guardian: Print the name of the person requesting the child or participant's medical statement.
8. Parent/Guardian Signature: Signature of parent requesting the special meal and/or Reasonable modification.
9. Telephone Number: Print the phone number of parent or guardian.
10. Description of Child or Participant's Physical or Mental Impairment Affected: Describe how the physical or mental impairment restricts the child or participant's diet
11. Explanation of Diet Prescription and/or Reasonable modification to Ensure Proper Implementation: Describe a specific diet or Reasonable modification that has been prescribed by the state healthcare professional.
12. Indicate Texture: If the child or participant does not need any modification, check "Regular".
13. Foods to be Omitted: List specific foods that must be omitted (e.g., exclude fluid milk). Suggested Substitutions: List specific foods to include in the diet (e.g., calcium-fortified juice).
14. Adaptive Equipment to be Used: Describe specific equipment required to assist the child or participant with dining (e.g., sippy cup, large handled spoon, wheel-chair accessible furniture, etc.).
15. Signature of State Licensed Healthcare Professional: Signature of state licensed healthcare professional requesting the special meal or Reasonable modification.
16. Printed Name: Print name of state licensed healthcare professional.
17. Phone Number: Phone number of state licensed healthcare professional.
18. Date: Date state licensed healthcare professional signed form.

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.