

**Medical Statement for Students Requiring Special Meals
Due to Disability**

Student Name: _____ District: _____

Birth Date: _____ School: _____

Parent Name: _____ School Contact: _____

Address: _____ School Address: _____

Phone: _____ 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 encouraged to annually request updated instructions for diet modifications from a licensed physician.

Disability:

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

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

Diet Prescription: Check all that apply.

Diabetic meal plan. Please specify _____

Gluten-free meal plan. Please omit all products containing wheat, rye, barley, and oats.

Modified texture:

Regular

Chopped

Ground

Pureed

Other (describe): _____

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. Please attach an additional page if more space is needed for omitted foods or substitutions.

Meal Modification Start Date: _____ **End Date:** _____

Omit Foods Listed Below:

Substitute Foods Listed Below:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Special Feeding Equipment:

Continued on the reverse side.

Definition of Disability:

Federal regulations governing Child Nutrition Programs provide that schools must make substitutions in breakfasts, lunches, and afterschool 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:

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

The Individuals with Disabilities Education Act (IDEA) includes the following conditions:

- Autism
- Deaf-blindness
- Deafness or other hearing impairments
- Emotional disturbance
- Mental retardation
- Multiple disabilities
- Orthopedic impairments
- Other health impairments due to chronic or acute health problems, such as asthma, diabetes, nephritis, sickle cell anemia, a heart condition, epilepsy, rheumatic fever, hemophilia, leukemia, lead poisoning, or tuberculosis

- Specific learning disabilities
- Traumatic brain injury
- Visual impairment, including blindness which adversely affects a child's educational performance

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.

