



Westerville City School District

Medical Statement for Special Diet Accommodations

The United States Department of Agriculture guidelines require school food authorities participating in the National School Lunch Program to make reasonable accommodations available to students with disabilities, on a case-by-case basis, when the need is supported by a written medical statement.

The Americans with Disabilities (ADA) Amendments Act of 2008 (Public Law 110-325, 42 U.S.C. 12101) updated the definition of a disability to include "anyone with a physical or mental impairment that substantially limits one or more major life activities of that individual", including major bodily functions as a major life activity.

According to the USDA, school food authorities are not required to accommodate special diet requests based on dietary preferences that are not considered medical conditions or disabilities, including personal lifestyle choices (such as vegan, vegetarianism, organic) or religious choices.

This form must be completed by a state licensed physician, physician assistant or nurse practitioner. Updates to this form are required only when a participant's needs change.

Participant Information

Participant's Name: _____ Today's Date: _____
Name of School Attended/Grade: _____ Date of Birth: _____
Parent/Guardian Name: _____
Home Phone Number: _____ Work Phone Number: _____

Required Information: Dietary Accommodation

1. Allergen or food to be avoided-circle all that apply:
Milk peanuts tree nuts eggs fish shellfish wheat soy gluten sesame other _____

2. Brief explanation of how exposure to this food affects the participant:
Breathing _____
Operation of major bodily functions (immune system, bowel, digestive, etc.) _____
Other, specify: _____

3. Can the student consume foods where the allergen is an ingredient in the food product? ____yes ____no
(Example: scrambled eggs are omitted but egg as an ingredient in pancakes is allowed)

Notes:

4. **MANDATORY:** Food to substitute (NOTE: WCS cannot honor this document unless SPECIFIC SUBSTITUTIONS are listed below or physician refers student to registered dietitian who specifies menu items.)

I confirm the student listed above requires stated diet modifications and substitutions due to disabilities or medical conditions.

Medical Provider Signature Date Phone

I authorize WCS Food Service to make this medically required dietary modification.

Parent/Guardian Signature Date

