

MEDICAL STATEMENT FOR STUDENTS REQUIRING SPECIAL MEALS
Nutrition Services Department
Liberty Public School District

This statement **MUST** be updated when there is a change in diet order.

Name of Student:	Student's Birth Date:
Parent Name:	Student's Grade:
Physician Telephone:	School Attending:
Physician's Name (Please Print):	

Questions about this form, food modifications/menu with Liberty Public School: LPSDietitian@LPS53.org or 816-736-5375. Return this form to LPS Nutrition Services Office at 801 Kent, Liberty MO or by Email /Fax. (Fax: 816-736-5376) [Nutrition Information available at www.SchoolCafe.com/LibertyPS](http://www.SchoolCafe.com/LibertyPS)

I hereby give my permission for the school staff to follow the stated nutrition plan below. I give my permission for nutrition services to contact the above doctor if questions arise.

Parent/Guardian: _____ Date: _____

Parent Email address _____ Daytime contact Phone# _____

Identify and describe disability, or medical conditions, including **life threatening allergies** that require student to have a special diet.

Describe the major life activities affected by the student's disability.

Diet Prescription (check all that apply)

- Diabetic: Calorie/Carb Counting (attach meal plan)
- Modified Texture and/or liquids
- Other (describe): _____
- Life Threatening Food Allergy:** (Please list each allergy): _____

***Please be specific. If the student has a milk allergy, is it fluid milk or all milk (protein)products? If a child has an egg allergy, is it just fresh eggs? Are eggs baked/cooked in products okay?

Foods Omitted and Substitutions:

If foods are listed to be omitted from the diet, **specifics** on foods to substitute **must** be provided.

Foods to Omit:

Foods to Substitute:

Does this student need an Epi Pen for their food allergy? Yes or No

Additional Comments:

I certify that the above student needs special school meals prepared or served as described above because of the student's disability or chronic medical condition.

Licensed Physician or Recognized Medical Authority

Date

Name, including Credentials: _____ Phone: _____

Type or Print

Fax: _____

Signature of Preparer or Other Contact: _____

This student must bring their meals from home until this form has been submitted and processed by the dietitian for Liberty Public Schools. If there are any questions about this process please contact Nutrition Services at 816-736-5375 or at LPSDietitian@LPS53.org

Please email, fax or mail to: Liberty Public School District Nutrition Services

LPSDietitian@lps53.org

801 Kent Street

Liberty, MO 64068

Fax:

816-736-5376

Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990:

"Disabled person" means 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 impairment.

"Physical or mental impairment" means (1) any physiological disorder or condition, cosmetic disfigurement or anatomical loss affecting one or more of the following body systems: Neurological, musculoskeletal, special sensory organs, respiratory, including speech organs, cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic skin, and endocrine or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term "physical or mental impairment" includes, but is not limited to such diseases as orthopedic, visual, speech, and hearing impairments; cerebral palsy. Epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, drug addiction, and alcoholism.

"Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.