

## Medical Statement for Student 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 back of 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. If more space is needed for omitted foods or substitutions, please attach an additional page.

**Meal Modification** Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Omit Foods Listed Below:**

**Substitute Foods Listed Below:**


**Special Feeding Equipment:** \_\_\_\_\_

Continued on reverse side.

**Comments:**

**Physician's 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/disabilities.

\_\_\_\_\_  
Licensed Physician's Printed Name

\_\_\_\_\_  
Licensed Physician's Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Preparer or Other Contact's Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

**Parent/Guardian's Consent:**

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. Furthermore, should the school staff require additional information to clarify how to carry out the diet prescription or food omissions and substitutions; I hereby give permission for my child's physician to provide any additional information necessary to clarify the diet prescription written on this form.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Definition of Disability:**

Federal regulations governing the 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.

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