



MEDICAL STATEMENT FOR STUDENTS REQUIRING SPECIAL MEALS

North Kansas City School District: Food and Nutrition Services Department

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



This Section to be Completed by a Parent or Guardian

Student Name:	Student's Birth Date:
Guardian Name:	Student's Grade:
Guardian Phone Number:	School Attending:

I give permission for school personnel responsible for implementing my child's prescribed diet order to discuss my child's special dietary accommodations with any appropriate school staff and to follow the prescribed diet order for my child's school meals. I also give permission for my child's medical authority to further clarify the prescribed diet order on this form if requested to do so by school personnel.

Guardian Signature: _____ Date: _____

This Section to be Completed by a Medical Authority

Authorized Medical Authorities include: Physicians (M.D. or D.O.), Physician's Assistants, Assistant Physicians or Nurse Practitioners.

Identify and describe disability or medical condition, including allergies, that requires the student to have a special diet:

Food Allergies and Intolerances

Be specific about the student's food allergies/intolerances. If a student has a milk allergy, list fluid milk only or all milk products. If a student has an egg allergy, list fresh eggs or eggs baked/cooked in products.

Does the student have a food allergy that is life-threatening? ☐ YES ☐ NO

List Each Food Allergy/Intolerance:

Recommended Foods to Substitute:

Food and Drink Texture

If the student requires alterations to food and liquid/drink textures please indicate the proper thickness below. Circle one food texture and one liquid texture. If no alterations are needed, then leave blank.

Indicate Food Texture: Regular, Chopped, Ground, Pureed

Indicate IDDSI Food Texture: Level 7 Regular, Level 7 Easy to Chew, Level 6 Soft & Bite Sized, Level 5 Minced & Moist, Level 4 Pureed, Level 3 Liquidized

Indicate Liquid/Drink Texture: Regular, Honey, Nectar, Pudding

IDDSI Drink Texture: Level 4 Extremely Thick, Level 3 Moderately Thick, Level 2 Mildly Thick, Level 1 Slightly Thick, Level 0 Thin

List any special feeding equipment:

List additional comments and other food modifications needed:

Medical Authority Printed Name: _____ Phone: _____

Medical Authority Signature: _____ Date: _____

Please turn in the completed form with required signatures to your student's School Nurse.

Please contact Hannah Broockerd, Allergy Coordinator/Dietitian, with questions at (816) - 321- 4904 or
hannah.broockerd@nkcschools.org

Revised 7/28/25

Important! Schools are required to make substitutions to meals for children with a disability that restricts the child's diet on a case-by-case basis and only when supported by a written statement from a State recognized medical authority.

Modifications to Accommodate a Disability: A school is required to make meal modifications prescribed by a medical authority to accommodate a student's disability. The first step is to fill out this form. In lieu of this form, a 504/IEP may be used for meal accommodations or substitutions as long as it lists the disability/ies, explains which Activities of Daily Living it affects, lists food(s) to be omitted, suggests foods to be substituted, is signed by a medical authority that can write prescriptions in the state of Missouri, and is signed by the parent/guardian.

Definition of Disability: Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA), and Departmental Regulations of 7 CFR part 15b define a person with a disability as 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.

Major life activities are broadly defined and include, but are not limited to caring for one's self, eating, sleeping, performing manual tasks, walking, standing, lifting, bending, seeing, hearing, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. Major life activities also include operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410;
Fax: (202) 690-7442; or
Email: program.intake@usda.gov.

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