



Medical Statement for Students Requiring Special Meals

Federal Regulations Require This Information Be On File From A Medical Professional

Student Name: _____

School: _____ Grade: _____

Parents Name: _____

Parents Address: _____ City/State/Zip: _____

Parents Home Phone Number: _____ Parents Cell Phone Number: _____

To be completed by a recognized medical authority such as a licensed physician, physician’s assistant or nurse practitioner.

USDA regulations 7 CFR Part 15b require substitutions or modifications in school meals for children whose disabilities restrict their diets. A child with a disability MUST be provided substitutions in foods when that need is supported by a statement signed by a licensed physician. The physician’s statement must include the following: child’s disability, an explanation of why the disability restricts the child’s diet, the major life activity affected by the disability, and the food or foods to be omitted from the child’s diet, and the food or choice of foods that must be substituted.

1. Does the child have a disability? (circle one) Yes No

If yes, describe what the disability is why it restricts the child’s diet: (see reverse side of form for definition of disability and of other special dietary needs)

2. List any dietary restrictions or special diet below:

Omit Foods Listed Below:

Substitute with Foods Listed Below:

3. Indicate any other comments about the child’s eating or feeding patterns.

I hereby certify that the student named on this form has a life-threatening allergy/disability and needs the prescribed food and/or beverage omission(s) and substitution(s) due to his/her disability(ies).

Parent’s Signature: _____

Date: _____

Signature of Licensed Physician: _____

Date: _____

Licensed Physician’s Practice Name: _____ Practice Phone Number: _____

DEFINITIONS OF DISABILITY AND OF OTHER SPECIAL DIETARY NEEDS

Rehabilitation Act of 1973 and the Americans with Disabilities Act

Under Section 504 of *Rehabilitation Act of 1973*, and the *Americans with Disabilities Act (ADA) of 1990*, a “person with a disability” means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such and impairment, or is regarded as having such an impairment.

The term “physical or mental impairment” includes many diseases and conditions, a few of which may be:

- Orthopedic, visual, speech, and hearing impairments;
- Cerebral palsy;
- Celiac disease;
- Epilepsy;
- Muscular dystrophy;
- Multiple sclerosis;
- Cancer;
- Heart disease
- Metabolic diseases, such as diabetes or phenylketonuria (PKU);
- Food anaphylaxis (severe food allergy);
- Mental retardation;
- Emotional illness;
- Drug addiction and alcoholism;
- Specific learning disabilities;
- HIV disease; and
- Tuberculosis.

Please refer to the Acts noted above for a more detailed explanation.

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.