

## MEDICAL STATEMENT FOR STUDENT REQUIRING SPECIAL MEALS

Name of Student:	Date of Birth:
Name of Parent(s):	Telephone:
School District:	School Telephone
School Attending:	

**For Completion By Physician (M.D. or D. O. only):**

Identify and describe disability or medical condition, including allergies that requires the student to have a special diet. Describe the major life activities affected by the student's disability (see back of form).

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**Diet Prescription** (Check all that apply):

- Diabetic (include calorie level or attach meal plan)     Modified Texture and/or Liquids  
 Reduced Calorie     Food Allergy (describe):  
 Increased Calorie     Other (describe): \_\_\_\_\_

**Food Omitted and Substitutions:**

Use space to list specific food(s) to be omitted and food(s) that may be substituted. You may attach an additional sheet if necessary.

OMITTED FOODS

SUBSTITUTIONS


**Indicate Texture:**

- Regular     Chopped     Ground     Pureed

**Indicate thickness of liquids:**

- Regular     Nectar     Honey     Pudding

- Special Feeding Equipment \_\_\_\_\_

Additional Comments: \_\_\_\_\_

I certify that the above named student needs special school meals as described above, due to the student's disability or chronic medical condition.

<b>Physician's Signature (M.D. or D.O. only)</b>	<b>Telephone Number</b>	<b>Date</b>
<b>Signature of Preparer or Other Contact</b>	<b>Telephone Number</b>	<b>Date</b>

I hereby give my permission for the school staff to follow the above stated nutrition plan.

Signature of Parent	Date
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**Definition of Disability:**

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.”

Major life activities covered by this definition include caring for one’s self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, working and major bodily functions. The term “physical or mental impairment” includes, but is not limited to, such diseases, conditions, and functions as:

- Orthopedic, visual, speech and hearing impairments
- Cerebral Palsy, Epilepsy, Muscular Dystrophy and Multiple Sclerosis
- Digestive, bowel and bladder
- Neurological and brain
- Respiratory
- Cancer
- Cardiovascular, circulatory and heart
- Metabolic and endocrine
- Food anaphylaxis (severe food allergy)
- Mental retardation
- Emotional illness
- Drug addiction and alcoholism

Individuals who take mitigating measures to improve or control any of the conditions recognized as a disability are still considered to have a disability and require an accommodation.

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