

Instructions: Medical Statement to Request Special Meals and/or Accommodations

- 1) Name of Student
- 2) Age of Student
- 3) Grade
- 4) School
- 5) Name of Parent, Guardian, or Authorized Representative
- 6) Telephone: Telephone number of guardian, parent, or authorized representative.
- 7) Site Telephone: Telephone number of site where meal will be served. See #4.
- 8) Check: Check whether Student is disabled or not disabled.
- 9) Permission for Nutrition Services to contact Physician for further clarification on Diet prescription.
- 10) Student's Diagnosis?
- 11) Is the Student's diagnosis recognized by the American with Disability Act (ADA)
- 12) If Yes- Describe how the physical condition affects disability. For example: "allergy to peanuts causes anaphylactic shock which causes trouble breathing, choking, and potential death unless epinephrine injection is given immediately to the child and the child is sent to the emergency room for follow- up treatment."
- 13) Diet Prescription and/or Accommodation: Describe specific diet or accommodation that has been prescribed by a physician or describe diet modification requested for a non-disabling condition. For example, "All foods must be either in liquid or pureed form. Child cannot consume any solid foods."
- 14) Potential Length of Service: Expected length of need for special meal.
- 15) Indicate Texture: Check the type of texture of food that is required. If the Student does not need any modification check "regular."
- 16) Foods to be Omitted: List specific foods that must be omitted. For example, "exclusion of fluid milk."
- 17) Suggested Substitutions: List specific foods to include in the diet. For example, "No Wheat, No Milk, Nuts."
- 18) Adaptive Equipment: Describe specific equipment required to feed the Student. (Examples may include tippy cup, large handled spoon, wheel-chair accessible furniture, etc.)
- 19) Signature of Nurse: Signature of person completing form.
- 20) Printed Name: Print name of person completing form.
- 21) Telephone: List telephone number of person completing form.
- 22) Date
- 23) Signature of medical authority: Signature of medical authority requesting the special meal or accommodation.
- 24) Printed Name: Print name of medical authority.
- 25) Telephone: Telephone number of medical authority.
- 26) Date
- 27) Signature of parent/guardian
- 28) Printed Name: Print name of parent/guardian.
- 29) Telephone: Telephone number of parent/guardian.
- 30) Date

Definitions

"Disabled person" is defined as any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an 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 sense 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.

"Major life activities" are functions such as caring for one self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working. "Has a record of such an impairment" is defined as having a history of, or has been misclassified as having a mental or physical impairment that substantially limits one or more major life activities.

