

Medical Statement for Student Requiring Special Meals Due to Food Allergy or Intolerance

Student Name: _____	District/School: _____
Birth Date: _____	School Contact Name: _____
Parent Name: _____	School Attending: _____
Address: _____	School Address: _____
Telephone: _____	School Phone: _____

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

The school is not required to provide substitutions for an allergy or food intolerance, and is permitted to do so **ONLY** when omitted foods and appropriate substitutions are specified by a medical authority. If diet modifications are implemented by the school, they will continue until a medical authority specifies that they should be changed or stopped. Parents/guardians are asked to annually request updated instructions for diet modifications from a medical authority.

Diet Prescription (check all that apply):

- Student has a disability affecting the diet that meets the definition of "disability/handicapped" as described on the reverse side of this form. If yes, complete Medical Statement for Student with Disability Requiring Special Meals.

- Food Allergy (describe): _____

- 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 continue on reverse side of form.

Omit Foods Listed Below:

Substitute Foods Listed Below:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Continued on reverse side)

Medical Statement for Student with Food Allergies or Intolerances, continued

Comments:

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 food allergy(ies) and/or food intolerance(s).

Signature of Medical Authority Phone Number Date

Signature of Preparer or Other Contact Phone Number Date

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.

Parent/Guardian Signature Date

Definition of Disability

Federal regulations governing the Child Nutrition Programs provide that schools must make substitutions in breakfasts, lunches and after school 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:

- Orthopedic, visual, speech and hearing impairments
- Cerebral Palsy
- 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

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.