

# MEDICAL STATEMENT FOR STUDENTS REQUIRING SPECIAL MEALS AND/OR ACCOMMODATIONS



➔ **PLEASE NOTE:** *This statement must be updated when there is a change or discontinuance of a diet order.*

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: M F  
 Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*I hereby give permission for the school staff to follow the stated nutrition plan below. I give my permission for School Nutrition Services to contact the doctor named below with any questions related to my child's nutrition requirements and to share such information with appropriate school personnel.*

PARENT/GUARDIAN SIGNATURE

DATE

**\*\*\*\*\* FOR PHYSICIAN'S USE ONLY \*\*\*\*\***

(TO BE COMPLETED BY A LICENSED PHYSICIAN)

**Identify Student's Disability or Medical Condition (including allergies) requiring the student to need a special diet.**

**Check major life activities affected by the student's disability or medical condition.**

- Caring for Self    Eating    Performing Manual Tasks    Walking    Seeing    Hearing    Speaking
- Breathing    Learning    Working    Other \_\_\_\_\_
- Major bodily function (i.e. immune system, neurological, respiratory, circulatory, endocrine, and reproductive functions)

**DIET PRESCRIPTION (Check all that apply):**

- Food Allergy (*Please specify all*): \_\_\_\_\_
- Diabetic: (*Attach meal plan*)       Calorie-Controlled (*Attach meal plan*)
- Other (*Describe*): \_\_\_\_\_

**OMITTED FOODS/BEVERAGES \***

**ALLOWED SUBSTITUTION(S)**

<b>OMITTED FOODS/BEVERAGES *</b>	<b>ALLOWED SUBSTITUTION(S)</b>

\* If **MILK ALLERGY** listed above, please specify *all* allowable fluid milk substitutions.

\*\* If **LACTOSE INTOLERANT**, please specify one of the following:

- No Fluid Milk ONLY (may have yogurt, cheese, pudding, ice cream, etc.)
- No Milk Products (no fluid milk, yogurt, cheese, pudding, ice cream, etc.)
- No Milk Products or Products Prepared with Milk (ie. no breads, desserts, or other baked goods prepared with milk)

**Physician's Name** (please print) \_\_\_\_\_ **Office Phone** \_\_\_\_\_

PHYSICIAN'S SIGNATURE

DATE

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

Additional Comments or Instructions: \_\_\_\_\_

\_\_\_\_\_

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**Please mail to:** Hickman Mills C-1 Nutrition Services  
5401 E. 103<sup>rd</sup> Street  
Kansas City, MO 64137

**District Dietitian:** 816-316-7103  
**Fax Number:** 816-316-7106

*Additional copies of this form may be printed from our department website: [hmc1food.org](http://hmc1food.org). Click on MENUS across the top, then SPECIAL MEAL ACCOMMODATIONS in the middle of the page. Scroll to bottom to print form.*

**United States Department of Agriculture**  
Food and Nutrition Service Instruction 783-2  
7 CFR Part 15b

Section 504 of the *Rehabilitation Act of 1973* mandates that “no otherwise qualified individual with a disability shall solely by reason of his or her disability be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program (school) or activity receiving Federal financial assistance.”

“Disabled person” means any person who has a physical or mental impairment, which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such 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 sensory 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. The term “physical or mental impairment” includes, but is not limited to such diseases as orthopedic, visual, speech, and hearing impairments; cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, drug addiction, and alcoholism.

“Major life activities” means functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.