

**Huron City Schools**  
**Medical Statement for Students Requiring Special Meals**  
**Due to Disability**

Student Names: \_\_\_\_\_ School Building: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parents Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Parent Address: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

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**To be completed by a Licensed Physician:**

The school will try to make diet modifications for a disability **ONLY** when omitted foods and appropriate substitutions are prescribed by a licensed physician. If diet modifications are implemented by the school, they will continue until a licensed physician specifies that they should be changed or stopped. Parents/Guardians are asked to annually update instructions for diet modifications from a licensed physician.

**Disability and Diet Prescription:**

Identify the disability (see definition on back of form) that causes the student to require diet modifications.

\_\_\_\_\_

Describe the major life activities, affected by the disability, that require diet modifications.

\_\_\_\_\_

Student needs one or more of the following:

- Diabetic diet (attach meal plan)
- Modified texture:  Regular  Chopped  Ground  Pureed
- Modified thickness of liquids:  Regular  Nectar  Honey  Pudding
- 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 feel free to use another sheet and attach.

**Omit Foods Listed Below:**

**Substitute with Foods Listed Below:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Special Feeding Equipment:** \_\_\_\_\_

## Medical Statement for Student with Disability

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 disability(ies).

\_\_\_\_\_  
Signature of Licensed Physician      Phone Number      Date

\_\_\_\_\_  
Signature of Preparer or Other Contact      Phone Number      Date

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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

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### Definition of Disability

Federal regulations governing the Child Nutrition Programs provide that schools must make substitutions in breakfast and lunches for students who are considered to have a disability and whose disability restricts their diets.

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" included, 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 disease, 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.

