MEDICAL STATEMENT FOR STUDENTS REQUIRING SPECIAL MEALS
Child Nutrition Services
Kansas City Public Schools

This statement MUST be updated when there is a change in the diet order.

<table>
<thead>
<tr>
<th>Student Last Name</th>
<th>MI</th>
<th>First Name</th>
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<tbody>
<tr>
<td>Parent Name</td>
<td></td>
<td>Student Grade</td>
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<tr>
<td>Parent Telephone</td>
<td></td>
<td>School Attending</td>
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<tr>
<td>Student ID</td>
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<td>Student Date of Birth</td>
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I hereby give my permission for the school staff to follow the stated nutrition plan below. I give my permission for child nutrition services to contact the doctor if questions arise.

Parent/Guardian ___________________________ Date __________

For Physicians Use (to be completed by a licensed physician)

Identify and describe disability, or medical conditions, including allergies that require student to have a special diet.

________________________________________________________________________________________

________________________________________________________________________________________

Describe the major life activities affected by the student’s disability.

________________________________________________________________________________________

Diet Prescription (check all that apply):

☐ Diabetic: ☐ Calorie Level (attach meal plan) ☐ Carb Counting (attach meal plan)

☐ Modified Texture and/or liquids

☐ Calorie – Controlled: ______ calorie level

☐ Other (describe): ________________________________________________________________

☐ Food Allergy: (Please list each allergy): ___________________________________________

***Please be specific, if the student has a milk allergy is it fluid milk only or all milk products, if a child has an egg allergy, is it just fresh eggs baked/cooked in products is ok.

If student has a food allergy, is this a life-threatening allergy?  ☐ Yes  ☐ No

Food Omitted and Substitutions:
If foods are listed to be omitted from the diet, specifies on foods to substitute must be provided. (see back)
<table>
<thead>
<tr>
<th>Foods to Omit:</th>
<th>Foods to Substitute:</th>
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**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 prepared or served as described above because of the student’s disability or chronic medical condition.

______________________________________________
Licensed Physician or Recognized Medical Authority

Date

Name, including Credentials: ____________________

Type or Print

Phone: ____________________

Fax: ____________________

Signature of Preparer or Other Contact

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“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.