Medical Statement for Disability - School Meal Modification

Important! Carefully read and follow the procedures for a disability. The school will return incomplete Medical Statements to the parent/guardian. If you have questions about this form, the school contact named in Part A below will assist you.

Modification due to a disability:

- A school is required to make meal modifications prescribed by a licensed physician to accommodate a student's disability.

Definition of Disability:
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."

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. 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

Filling out Form:

- Part B of this form must be completed by a licensed physician (MD or DO).
- Parts A and C of this form must also be completed before the school can make meal modifications.
- The meal modifications will continue until a licensed physician requests that the modifications be changed or stopped on Form SD-3, which is available from the school.
- It is strongly recommended that a licensed physician annually update the prescribed diet order.

Part A. Student, Parent/Guardian & School Contact Information – To be completed by a parent/guardian or school contact person		
1. Student's Name:	2. Date of Birth:	3. School:
4. Parent/Guardian's Name:	5. Parent/Guardian's Phone:	
6. School Contact's Name:	7. School Contact's Phone:	

Part B. Prescribed Diet Order – This part must be completed by a licensed physician as specified above.

1. Check:

☐ I certify that the food allergy rises to the level of a disability.

2. Specify the disability, food allergy/intolerance or medical condition and explain why the disability restricts the child's diet.

3. If the student has a disability, what major life activity is affected? Example: Allergy to peanuts affects ability to breathe.

4. Type of Special Diet:

☐ Check if not applicable OR specify the type of special diet (e.g. low sodium, gluten-free, diabetic, etc.).

5. Modified Texture:	☐ Not Applicable	☐ Chopped	☐ Ground	☐ Pureed
6. Modified Thickness of Liquids:	☐ Not Applicable	☐ Nectar	☐ Honey	☐ Spoon or Pudding Thick

7. Special Feeding Equipment:
☐ Check if not applicable OR list special feeding equipment (e.g. large handled spoon, sippy cup, etc.).

8. Foods to be Omitted and Substituted:

List specific foods to be omitted and substituted. If more space is needed, sign and attach additional sheet of paper.

Omit Foods Listed Below:	Substitute Foods Listed Below:

9. Licensed Physician's Information

Signature:	Title:	
Printed Name:	Phone:	Date:

Part C. Parent/Guardian Permission – To be completed by a parent/guardian

I give permission for school personnel to follow the prescribed diet order for my child's school meals. I also give permission for my child's licensed physician to further clarify the prescribed diet order on this form if requested to do so by school personnel.

Parent/Guardian's Signature: Date:

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