

MEDICAL STATEMENT FOR STUDENTS REQUIRING SPECIAL MEALS
Food and Nutrition Services Department
North Kansas City School District



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

Name of Student:	Student's Birth Date:
Parent Name:	Student's Grade:
Parent Telephone:	School Attending:
Physician's Name (Please Print):	

I hereby give my permission for the school staff to follow the stated nutrition plan below. I give my permission for nutrition services to contact the above doctor if questions arise.

Parent/Guardian _____
Date

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

Identify and describe disability, or medical condition, including allergies, that requires the student to have a special diet. Describe the major life activities affected by the student's disability (see page 2).

Diet Prescription (check all that apply):

Calorie –Controlled: _____ calorie level Modified Texture and/or liquids

Other (describe): _____

Food Allergy: (Please list each allergy): _____

***Please be specific: If the student has a milk allergy, list fluid milk only or all milk products, if a child has an egg allergy, list fresh eggs or eggs baked/cooked in products.

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

Food Omitted and Substitutions:

Use space to list specific food(s) to be omitted and food(s) that may be substituted.

Foods to Omit:

Foods to Substitute:

_____	_____
_____	_____
_____	_____

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.

Physician's Signature Phone Date

Signature of Preparer or Other Contact

This institution is an equal opportunity provider.

Please turn in the completed form with parent and physician signature to your student's school nurse. Please contact Andrea Wilhoit, Asst. Director/Dietitian, with questions at (816) 321-6287 or andrea.wilhoit@nkcschools.org.

Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990.

“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 an impairment, or is regarded as having such an 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.

As of April, 26th, 2013, the ADAAA broadened the list of “major Life Activities” for purposes of identifying individuals with disabilities and added a new category called “Major Bodily Functions”, 42 USC 12102(2)(B). This law continues to include as “Major Life Activities”: “caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking breathing, learning, reading, concentrating, thinking, communicating and working.” As amended by the ADAAA, Major Life Activities now also includes “Major Bodily Functions” such as: “functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, and reproductive functions.” It is important to point out that individuals who take mitigating measures to improve or control any of the conditions recognized as a disability, are still considered to have a disability and require an accommodation.