

# Medical Statement for Student Requiring Special Meals Due to Food Allergy or Intolerance

Student Name:	Wichita Public Schools
Birth Date:	School Attending:
Parent Name:	Grade Level:
Address:	Meals Required: Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/>
Telephone:	Pre K Breakfast <input type="checkbox"/> Pre K Lunch <input type="checkbox"/>
Parent/Guardian cell:	Pre K Snack <input type="checkbox"/> After School Care <input type="checkbox"/>

**To be completed by a recognized medical authority (i.e. a licensed physician, physician's assistant or nurse practitioner)**

The school is not required to provide substitutions for an allergy or food intolerance, and is permitted to do so **ONLY** when omitted foods and appropriate substitutions are specified by a medical authority. If diet modifications are implemented by the school, they will continue until a medical authority specifies that they should be changed or stopped. Parents/guardians are encouraged to annually request updated instructions for diet modifications from a medical authority.

- Student has a severe allergy affecting the diet that meets the definition of "disability" as described on the reverse side of this form. If yes, complete Form 19-E, Medical Statement for Student Requiring Special Meals Due to Disability.**

**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 continue on reverse side of form. Specific foods to be omitted and specific foods to be substituted must be listed below or this statement will be returned to the physician/medical authority for clarification.

**Omit Foods Listed Below:**

**Substitute Foods Listed Below:**

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**Comments:**

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Continued on reverse side

**Medical Statement for Student with Food Allergies or Intolerances, continued**

**Physician/Medical Authority's 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 food allergy(ies) and/or intolerance(s).

\_\_\_\_\_  
Medical Authority's Printed Name

\_\_\_\_\_  
Medical Authority's Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Preparer or Other Contact's Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

**Parent/Guardian's Consent:**

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. Furthermore, should the school staff require additional information to clarify how to carry out the diet prescription or food omissions and substitutions, I hereby give permission for my child's physician/medical authority to provide any additional information necessary to clarify the diet prescription written on this form.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

**Definition of Disability:**

Federal regulations governing the Child Nutrition Programs provide that schools must make substitutions in breakfasts, lunches and after school snacks for students who are considered to have a disability and whose disability restricts their diet.

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" 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

Major life activities covered by this definition include caring for oneself, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

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