

# Medical Statement for Student Requiring Special Meals Due to Disability

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 Licensed Physician:**

The school can 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 encouraged to annually request updated instructions for diet modifications from a licensed physician.

**Disability:**

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.

**Diet Prescription:** Check all that apply.

Diabetic meal plan. Please specify: \_\_\_\_\_  
\_\_\_\_\_

Modified texture:  Regular  Chopped  Ground  Pureed  
 Other (describe): \_\_\_\_\_

Modified thickness of liquids:  Regular  Nectar  Honey  Spoon Thick

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 attach an additional page.

**Omit Foods Listed Below:**

**Substitute Foods Listed Below:**

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

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

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

**Comments:** \_\_\_\_\_

**Medical Statement for Student with Disability, continued**

**Physician'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 disability/disabilities.

\_\_\_\_\_  
Licensed Physician's Printed Name

\_\_\_\_\_  
Licensed Physician's Signature

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

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date

**Parent/Guardian's Consent:**

I hereby give my 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 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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