

June 12, 2006

Dear Physician or Medical Authority:

To allow the school food service department to comply with the USDA Child Nutrition Program regulations for meeting a student's special dietary needs, information must be provided using one of the enclosed forms. Please select the form to be completed based on the descriptions provided:

1. **Medical Statement for Student with Disability Requiring Special Meals:** A student with a disability is to be provided substitutions in foods only when supported by a statement signed by a physician licensed by the state. A disabled or "handicapped 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. The supporting statement must identify:
 - a. The individual's disabling condition and an indication how the disability restricts the child's diet;
 - b. The major life activity affected by the condition;
 - c. The food or foods to be omitted from the child's diet and the food or choice of foods that must be substituted.

OR

2. **Medical Statement for Student with Food Allergy or Intolerance:** A school will withhold, and at its discretion, may make substitutions for a student, who is NOT disabled but is unable to consume food items because of food intolerances or allergies. A recognized medical authority, such as a physician, physician's assistant or nurse practitioner, must sign a supporting statement. The supporting statement must include:
 - a. An indication that the medical or other special dietary need restricts the child's diet and
 - b. The food or foods to be omitted from the child's diet and
 - c. The food or choice of foods that may be substituted.

Until complete information is received from your office, a student's special diet cannot be implemented. Your timely assistance is appreciated.

If you have questions or need assistance, please call the Food Service Office at 785-339-4042.

Sincerely,

Dennis R. Johnson, PhD
Director of Support Services

Enclosures

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

Student Name:	District/School:
Birth Date:	School Contact Name:
Parent Name:	School Attending:
Address:	School Address:
Telephone:	School Telephone:

For Recognized Medical Authority Use

Does the student have a disability affecting the diet that meets the definition of "handicapped person"?
(Refer to back of form for definition of disability/handicap) Yes No
If yes, complete form Medical Statement for Student with Disability Requiring Special Meals

Diet Prescription (check all that apply)

- Food Allergy (describe): _____
- Other (describe): _____

Omitted Foods and Substitutions:

List the specific food(s) to be omitted and food(s) that may be substituted. The school is not required to provide substitutions; however the school has the option of doing so only when appropriate substitutions are indicated by the recognized medical authority

Omitted Foods	Substitutions
_____	_____
_____	_____
_____	_____
_____	_____

Additional Comments: _____

Only those diet modifications supported by the statement of the recognized medical authority shall be implemented. The diet will be implemented for the entire school year unless otherwise notified.

I certify that the above named student needs special school meals as described above due to the student's food allergy or intolerances.

Recognized Medical Authority Signature Telephone Number Date

Signature of Preparer or Other Contact Telephone Number Date

I hereby give permission for the school staff to follow the above stated nutrition plan.

Parent/Guardian Signature Date

Definition of Disability

Federal regulations governing the National School Lunch Program (7 CFR 210.10) provide that schools must make substitutions in 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 one’s self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

Discontinuation of Meal Substitutions for Allergies, Intolerances or Disabilities

Medical Authority

Name of Student _____

School _____

I certify that the student named above is no longer in need of special school meals effective
on the following date: _____.

Signature of Recognized Medical Authority

Date

Street Address

Phone Number

City, State, Zip

Parent/Guardian

I give _____ school personnel permission to contact the named medical authority in order
to clarify dietary needs.

Parent/Guardian Signature

Date

Street Address, City, State, Zip

Phone Number