

PERKINS LOCAL SCHOOLS

**Medical Statement for Student Requiring Special Meals
Due to Food Allergy**

Student Name: _____ Building: _____

Birth Date: _____ Grade: _____

Parents Name: _____ Phone Number: _____

Parent Address: _____ Emergency Number: _____

**To be completed by a recognized medical authority such as a licensed physician,
physician’s assistant or nurse practitioner.**

The school is required to provide substitutions for a *life threatening allergy*, 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 asked to annually request updated instructions for diet modifications from a medical authority.

Diet Prescription:

Food Allergy (describe) _____

Lactose Intolerance (will substitute lactose free milk) _____

List the specific food(s) to be omitted and food(s) that may be substituted. If more space is needed, please continue on reverse side of form.

Omit Foods Listed Below:

Substitute with Foods Listed Below:

(Continue on reverse side)

Medical Statement for Student with Food Allergies or Intolerances, continued

Comments:

Certification:

I certify that the student named on this form needs the prescribed food and/or beverage(s) and substitution(s) in the child's school meals.

Signature of Medical Authority Phone Number Date

Parent/Guardian Signature Phone Number Date

Definition of Disability

Federal regulations governing the Child Nutrition Programs provide that schools must make substitutions in breakfast and lunches for students who are considered to have a disability and whose disability restricts their diets.

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" included, 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 disease, 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.