

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

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**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

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**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.