Hamilton Heights School Corporation
Medical Statement for Students Requiring Special Meals and/or Accommodations

Student's Name	Grade	Date of Birth
Parent/Guardian Name		**School**
Home Phone Number:	**Cell Phone Number:**	**Work Phone Number**

Parent/Guardian Consent:

I hereby give permission for the school staff to follow the stated nutrition plan below. I give my permission for the School Nurse, or designee, to contact the doctor names below with any questions related to my child's nutrition requirements and to share such information with appropriate school personnel.

_____

Parent/Guardian Signature **Date**

******* TO BE COMPLETED BY A LICENSED PHYSICIAN *******

☐ Participant has a disability or a medical condition and *requires* a special meal or accommodation. (Refer to definitions on reverse side of this form.) Schools and agencies participating in federal nutrition programs must comply with requests for special meals and any adaptive equipment. **A licensed physician must sign this form.**

☐ Participant does not have a disability, but is requesting a special meal or accommodation due to food intolerance(s) or other medical reasons. Food preferences are not an appropriate use of this form. Schools and agencies participating in federal nutrition programs are encouraged to accommodate reasonable requests. **A licensed physician, physician's assistant, or nurse practitioner must sign this form.**

Disability or medical condition requiring a special meal or accommodation (see definition on back of form):

_____

Describe the major life activities, affected by the disability that require diet modifications:

_____

Diet prescription and/or accommodation (Check all that apply):

☐ Diabetic (attach meal plan) ☐ Calorie-controlled (attach meal plan)
☐ Food Allergy (describe) ☐ Other (describe)

Modified texture:

☐ Regular ☐ Chopped ☐ Ground ☐ Pureed

Modified thickness of liquids:

☐ Regular ☐ Nectar ☐ Honey ☐ Pudding

Special Feeding Equipment: _____

OMITTED FOODS/BEVERAGES**	ALLOWED SUBSTITUTION(S)

** If **MILK ALLERGY** listed above, please specify all allowable fluid milk substitutions.
If **LACTOSE INTOLERANT please specify one of the following:

☐ No Fluid Milk ONLY (may have yogurt, cheese, pudding, ice cream, etc.)
☐ No Milk Products (no fluid milk, yogurt, cheese, pudding, ice cream, etc.)
☐ No Milk Products or Products Prepared with Milk (i.e. – no breads, desserts, or other baked goods prepared with milk

(Continued on Reverse Side)

Student's Name: _____

Additional Comments or Instructions:

Physician's Certification:

I certify that the student names 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

United States Department of Agriculture
Food and Nutrition Service Instruction 783-2
7 CFR Part 15b

Section 504 of the Rehabilitation Act of 1973 mandates that "no otherwise qualified individual with a disability shall solely by reason of his or her disability be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program (school) or activity receiving Federal financial assistance."

"A Person with a Disability" is defined as any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment.

"Physical or mental impairment" means (a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive, digestive, genito-urinary; hemic and lymphatic; skin; and endocrine; or (b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

"Major life activities" include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

(*Citations from Section 504 of the Rehabilitation Act of 1973 and Americans with Disabilities Act of 1990)