

Disability/Medical Condition Statement for Foods Served Through
School Nutrition Programs

Student's Name: _____ Birth date: _____

School & District Attending: _____

Parent/Guardian Name: _____ Phone: _____

To be completed by physician or medical authority

Federal regulations governing the Child Nutrition Programs provide that schools must make substitutions in meals for students who are considered to have a disability and whose disability restricts their diet when supported by a statement signed by a physician licensed by the state.

Does the patient have a disability as defined in Section 504 of the Rehabilitation Act of 1973 or the Americans with Disabilities Act?

___ **Yes** ___ **No**

If yes: a) Please identify the impairment/diagnosis that causes the student to require diet modifications (e.g. the metabolic disease, food anaphylaxis, etc.):

b) What diet modifications are needed?

If no: identify the medical or other special dietary condition that restricts the student's diet:

A school, at its discretion, may make menu substitutions with a signed statement from a medical authority for a student who is not disabled but is unable to consume food items because of food intolerances or allergies.

Identify the intolerance or allergy here:

Signature of Physician or medical authority: _____

Date:

For our more common intolerances please identify the specific foods to restrict or allow on the worksheet on the back of this sheet.

Dear Parent or Physician - To help us serve this diet modification at the appropriate level please check the box in front of food groups that should NOT be served:

Lactose/milk – Do not serve the following checked items:

- Fluid Milk to drink or use on cereal
- Milk based desserts such as ice cream and pudding
- Hot entrees with cheese as a prime ingredient such as grilled cheese, mac & cheese or turkey tetrazzini.
- Cheese baked in products such as a casserole or on pizza
- Cold cheese – unheated such as string cheese or sliced cheese on a sandwich.
- Milk in products such as breads, mashed potatoes, cookies or graham crackers.

Soy - Do not serve the following checked items:

- Meat products extended with soy.
- Snack items cooked in soy oil
- Food products with soy as an ingredient no matter where on the ingredient list.
- Food products with soy listed as the fourth ingredient or further down the list.

Egg - Do not serve the following checked items:

- Cooked Eggs such scrambled eggs or hard cooked eggs or main dishes with eggs as a prime ingredient such as egg salad
- Eggs used in breading of meat products
- Baked product containing eggs such as cake or cookie

Peanuts – Do not serve peanuts and the following checked items:

- Foods containing peanut oil.
- Foods items identified as manufactured in a plant that also handles nuts

Tree nuts – Do not serve these specific type(s): _____ and the following checked item:

- Foods items identified as manufactured in a plant that also handles nuts

Shellfish or fish – do not serve the following checked items:

- All fish or seafood of any kind
- Specific fish or seafood type: _____

Further explanations:

Signature

Date

Phone number we can call with any questions - daytime: _____ evening: _____

Thank you for helping us better serve your student! Please return this form to your school Nurse or office to be forwarded to School Food Service.