

**Medical Statement for Children With
Special Needs in the School Breakfast and Lunch Program**

Student Name: _____ Date: _____
 Student ID #: _____ Birth date: _____

For Physician/Health Care Provider's Use

Identify and describe disability or medical condition (see definition on the back) that requires the student to have a special diet. Include a brief description of the major life activities affected by the student's disability: _____

FOODS	Texture Modifications					Other (Foods to omit or substitute)
	Regular (cut or chopped at table)	Blender Chopped	Ground	Pureed	Thickened at table	
Breads and Cereals						
Fruits and Vegetables (including juice)						
Meat						
Meat Alternates (cheese, peanut butter, legumes)						
Milk (whole, 2%, skim, chocolate lowfat)						

Other Dietary Information and Directions: _____

I certify that the above named student needs special school meals prepared as described above because of the student's disability or chronic medical condition.

Physician/Health Care Provider Signature/ print name _____ Phone _____ Date _____

Copies will be distributed to: School Food Service, School Nursing Staff, IEP file, and parent/guardian.

Parent/Guardian: I give permission for the school staff to follow the above nutrition plan.

Parent/Guardian Signature _____ Date _____

Please return to: _____ Phone #: _____ FAX# _____

Definition of Handicapped Person
7 CFR Subtitle A, Section 15b.3 Definitions

- (i) "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.
- (j) "Physical or mental impairment" means (1) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological; musculoskeletal; special sense organ; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hernic and lymphatic; skin; and endocrine; or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. 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; diabetes; mental retardation; emotional illness; and drug addiction and alcoholism.
- (k) "Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.
- (l) "Has a record of such impairments" means a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities.
- (m) "Is regarded as having an impairment" means (1) has a physical or mental impairment that does not substantially limit major life activities but that is treated by a recipient as constituting such a limitation; (2) has a physical or mental impairment that substantially limits major life activities only as a result of the attitudes of others towards such impairments, or (3) has none of the impairments defined in paragraph (j) of this section but is treated by a recipient as having such impairment.

Office of the Secretary, USDA