

Medical Statement for Special Dietary Needs

Please read page 2 before completing this form

Print Student's First Name	Print Student's Last Name	Date of Birth
Name of School	Student PIN/ID Number	Grade Level

1. How does the child's physical or mental impairment restrict his or her diet? _____

2. Please complete all of the sections below that are applicable to the child.

Allergies and Food Intolerances	Dairy Products: <input type="checkbox"/> Dairy Allergy-No Casein/Whey (avoid dairy, casein and whey in all food/baked products) <input type="checkbox"/> Lactose Intolerant- lactose free milk ONLY (NO cheese, yogurt, pudding, ice cream etc.) <input type="checkbox"/> Lactose Intolerant- lactose free milk and student can tolerate: _____	<input type="checkbox"/> No Wheat/Gluten (Celiac Disease) <input type="checkbox"/> No Soy (tolerates Soy Oil/Soy Lecithin unless specified) <input type="checkbox"/> No Peanuts <input type="checkbox"/> No Tree Nuts <input type="checkbox"/> No Fish <input type="checkbox"/> No Shell Fish <input type="checkbox"/> Other: _____ _____ _____ _____
	Egg Products: <input type="checkbox"/> No Egg Albumin/Yolk (no egg in any products) <input type="checkbox"/> No Whole Eggs (egg in baked products ok)	

Texture Modification	The child requires that all foods be: <input type="checkbox"/> Pureed <input type="checkbox"/> Finely Ground- Mechanical Soft Diet <input type="checkbox"/> Chopped/Cut into Bite-Sized Pieces	Liquids should be: <input type="checkbox"/> Pudding Thick <input type="checkbox"/> Honey Thick <input type="checkbox"/> Nectar Thick
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Special Diets	Please describe any special diet modifications needed. (E.g.: Diabetes Mellitus, Low Sodium Diet, Renal Diet)
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Religious Restrictions	What food(s) should be omitted due to religious restrictions? <u>(Form requires parent signature to honor restriction)</u> <input type="checkbox"/> No Pork <input type="checkbox"/> No Beef <input type="checkbox"/> No Fish <input type="checkbox"/> Vegetarian (Please Note: Vegan will not be honored due to meal pattern requirements)
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3. Additional comments: _____

Parent Signature	Date
Parent Name (Please Print Legibly)	Phone Number (Please Print Legibly)

<u>Signature Below Required</u>			
Please check the appropriate title:	<input type="checkbox"/> Physician	<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> Optometrist
	<input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Dentist	<input type="checkbox"/> Podiatrist
Medical Practitioner's Signature and Title	Date		
Medical Practitioner's Name and Title (Please Print Legibly)	Phone Number (Please Print Legibly)		

This institution is an equal opportunity provider.

CHILDREN WITH DISABILITIES AND SPECIAL DIETARY RESTRICTIONS

A. Rehabilitation Act of 1973 and the Americans with Disabilities Act

Under Section 504 of the *Rehabilitation Act of 1973* and the *Americans with Disabilities Act Amendments Act (ADAAA)* of 2008, “a person with a disability” means any person who has a physical or mental impairment which substantially limits one or more major life activities or major bodily functions, has a record of such an impairment, or is regarded as having such an impairment.

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. A major life activity also includes the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

Please refer to these Acts for more information at <http://www.dol.gov/oasam/regs/statutes/sec504.htm> and <http://www.eeoc.gov/laws/statutes/adaaa.cfm>, respectively.

B. Individuals with Disabilities Education Act

A child with a “disability” under Part B of the *Individuals with Disabilities Education Act (IDEA)* is described as a child evaluated in accordance with IDEA as having one or more of the recognized thirteen disability categories and who, by reason thereof, needs special education and related services. The IDEA can be found in its entirety at <http://nichcy.org/wp-content/uploads/docs/IDEA2004regulations.pdf>.

The Individualized Education Program (IEP) is a written statement for a child with a disability that is developed, reviewed, and revised in accordance with the IDEA and its implementing regulations. When nutrition services are required under a child's IEP, school officials need to make sure that school food service staff is involved early in decisions regarding special meals. If an IEP or 504 plan contain the same information that is required on a medical statement, then it is not necessary to get a separate medical statement from a licensed medical practitioner.

C. Licensed Medical Practitioner's Statement for Children with Disabilities

U.S. Department of Agriculture (USDA) regulations 7 CFR Part 15b require substitutions or modifications in school meals for children whose disabilities restrict their diets. School food authorities must provide modifications for children with disabilities on a case-by-case basis when requests are supported by a written statement from a state licensed medical practitioner.

The licensed medical practitioner's statement must identify:

- an explanation of how the child's physical or mental impairment restricts the child's diet;
- the food(s) to be avoided; and
- the food or choice of foods that must be substituted.

The second page of this document (“Medical Statement for Special Dietary Needs”) may be used to obtain the required information from the licensed medical practitioner.

“Practitioner” is defined by Wisconsin State Statute 118.29(1) (e): “Practitioner” means any physician, dentist, optometrist, physician assistant, advanced practice nurse prescriber, or podiatrist licensed in any state. **If the documentation to support a dietary accommodation has not been signed by one of these practitioners, the school is not required to accommodate the request** (unless information about the dietary need is included within the IEP or 504 plan, as mentioned above in Section B.)

D. Other Special Dietary Needs/Religious Restrictions

Milwaukee Public Schools requires documentation on file from a licensed medical practitioner for students with dietary needs for whom they are making menu modifications within the meal pattern. If the documentation to support a dietary accommodation has not been signed by one of these practitioners, the school is not required to accommodate the request. Religious Restrictions are required to have a parent signature and will be honored on a case-by-case basis.