

Marion Independent School District  
Medical Statement for Special Diet Students

Part I. (To be completed by parent) Date \_\_\_\_\_

Name of Student \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number (home) \_\_\_\_\_ (work) \_\_\_\_\_

E-mail address \_\_\_\_\_

Building (circle one)    Preschool    Emerson    Starry    FMI    VMS    High School

Part II. (To be completed by Physician)

1. \* Diagnosis \_\_\_\_\_

2. \* Describe the patient's medical condition and the major life activities affected by this condition \_\_\_\_\_

Does the condition limit the individual's diet and require a change in foods provided in school meals?    Yes \_\_\_\_\_    No \_\_\_\_\_  
(See reverse for examples)

3.\* If yes, list food(s) to be **omitted** from diet. Please be specific. See reverse side for information. \_\_\_\_\_

4.\* List food(s) to be substituted (refer to question 3) Please be specific. \_\_\_\_\_

5.\* Describe signs/symptoms patient experiences if restricted food is taken and how reaction is treated. \_\_\_\_\_

Duration of Special Diet:    Start Date: \_\_\_\_\_    Stop Date: \_\_\_\_\_

Describe any texture modifications to be done \_\_\_\_\_

***\*Must be completed before school food service can make changes to the meals.***

\_\_\_\_\_    \_\_\_\_\_  
Date    Signature of Physician

Over

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School Meal programs follow the guidelines from the USDA based on Food & Nutrition Services Instruction 783-2 Revision 2, Non Discrimination Regulation (7CFR 15b), and the regulations governing the National School Lunch and School Breakfast Program, enabling them to make menu changes for children with disabilities. A disability is described as a physical or mental impairment which substantially limits one or more major life activities. Major life activities covered by this definition include caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

The questions on front of this form are **REQUIRED** questions that must be completed to allow food services to make changes in the school meals. A food allergy is not a disability unless the result is a life threatening reaction. School food service may make substitutions for other special dietary needs, such as the non-life threatening allergic reaction, but they are determined on a case by case basis with the same form filled in by a physician.

***These are possible food omissions. These are not all inclusive, and they are only intended as examples.***

Liquid milk ONLY (School district substitutes orange juice for liquid milk)

All dairy products

Dairy derivatives (whey, caseinate, etc.)

Egg

Egg products (French Toast)

Eggs in baked products (cake, muffin, cookies)

Peas/Beans

Soy Products

Textured Vegetable Protein

Peanuts

Peanut Butter

Products manufactured in a facility producing peanut products