

Dietary Order Form

Section 504 of the Rehabilitation Act of 1973 assures handicapped students access to school meal service, even if special meals are needed because of their handicap.

“Handicapped student” means any student 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.

If special meals are needed and requested, certification from a medical doctor must 1) verify that special meals are needed because of the handicap, and 2) prescribe the alternate foods and forms needed.

Completion of the following by a student’s doctor will provide the necessary certification:

Name of Student for Whom Special Meals are Requested: _____

Foods Prescribed

Form Allowed (e.g., fresh, baked,
Ground, blended, etc.)

Meat and Meat Alternates

Milk and Milk Products

Bread and Cereal

Fruits and Vegetables

Other Dietary Information and Directions

I certify that the above named student is in need of special school meals prepared from the above indicated foods and forms because of a handicap.

Printed name of physician

Physician’s signature

Date

Medical Statement for Student Requiring Special Meals

Name of Student:	School District:
Birth Date:	School Attended:
Parent Name:	Telephone:
Telephone:	

For Physician's Use

Identify and describe disability, or medical condition, including allergies that requires the student to have a special diet. Describe the major life activities affected by the student's disability (see back of form).

Diet Prescription (check all that apply):

- Diabetic (include calorie level or attach meal plan) Modified Texture and/or Liquids
- Reduced Calorie Food Allergy (describe): _____
- Increased Calorie Other (describe): _____

Food Omitted and Substitutions:

Use space to list specific food(s) to be omitted and food(s) that may be substituted. You may attach an additional sheet if necessary.

OMITTED FOODS	SUBSTITUTIONS
_____	_____
_____	_____
_____	_____

Indicate Texture:

- Regular Chopped Ground Pureed

Indicate thickness of liquids:

- Regular Nectar Honey Pudding

- Special Feeding Equipment** _____

Additional comments: _____

I certify that the above named student needs special school meals as described above, due to the student's disability or chronic medical condition.

_____ Physician's Signature	_____ Telephone Number	_____ Date
_____ Signature of Preparer or Other Contact	_____ Telephone Number	_____ Date

I hereby give my permission for the school staff to follow the above stated nutrition plan.

Parent/Guardian

Date

United States Department of Agriculture

Food and Nutrition Service Instruction 783-2

7 CFR PART 15b

“Handicapped person” means any person who has a physical or mental impairment which substantially limits one or more major life activities, has record of such an impairment, or is regarded as having such an impairment.

“Physical or mental impairment” means (1) any physiological disorder or condition, cosmetic disfiguration, or anatomical loss affecting one or more of the following body systems:

Neurological, musculoskeletal, special sense organs, respiratory, including speech organs, cardiovascular, reproductive, digestive, genitourinary, hemic 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, drug addiction, and alcoholism.

“Major life activities” means functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.