

**Chester County School District**  
**Medical Statement for Student Requiring Special Meals Due to Food Allergy or Intolerance**

Student Name: \_\_\_\_\_ District: \_\_\_\_\_

Birth Date: \_\_\_\_\_ School: \_\_\_\_\_

Parent Name: \_\_\_\_\_ School Contact: \_\_\_\_\_

Address: \_\_\_\_\_ School Address: \_\_\_\_\_

Phone: \_\_\_\_\_ School Phone: \_\_\_\_\_

**To be completed by a recognized medical authority (i.e. a licensed physician, physician’s assistant or nurse practitioner)**

The school is not required to provide substitutions for an allergy or food intolerance, and is permitted to do so **ONLY** when omitted foods and appropriate substitutions are specified by a medical authority. If diet modifications are implemented by the school, they will continue until a medical authority specifies that they should be changed or stopped. Parents/guardians are asked to annually request updated instructions for diet modifications from a medical authority.

Student has a disability affecting the diet that meets the definition of "disability" as described on the reverse side of this form. If yes, complete Medical Statement for Student Requiring Special Meals Due to Disability.

**Diet Prescription** (check all that apply):

\_\_\_ Milk/Dairy Products Allergy – No fluid cow’s milk or any other food product made with cow’s milk such as cheese, yogurt, dried milk powder, etc. \* \* \* If student has a fluid milk intolerance, then please complete Form 21-G, Request to Omit Fluid Cow’s Milk.

\_\_\_ Other (describe): \_\_\_\_\_

Food allergies – Please check appropriate box(es):  ingestion  contact  inhalation

**List the specific food(s) to be omitted and food(s) that may be substituted.** If more space is needed for omitted foods or substitutions, please continue on reverse side of form. Specific foods to be omitted and specific foods to be substituted must be listed below or this statement will be returned to the physician/medical authority for clarification.

**Omit Foods Listed Below:**

**Substitute Foods Listed Below:**


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**Comments:**

**Physician/Medical Authority's Certification:**

I certify that the student named on this form needs the prescribed food and/or beverage omission(s) and substitution(s) due to his/her food allergy(ies) and/or food intolerance(s).

\_\_\_\_\_  
Medical Authority's Printed Name

\_\_\_\_\_  
Medical Authority's Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Preparer or Other Contact's Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

**Parent/Guardian's Consent**

I hereby give permission for the school staff to make the prescribed food and/or beverage omission(s) and substitution(s) in my child's school meals. Furthermore, should the school staff require additional information to clarify how to carry out the diet prescription or food omissions and substitutions, I hereby give permission for my child's physician/medical authority to provide any additional information necessary to clarify the diet prescription written on this form.

**Definition of Disability:**

Federal regulations governing the Child Nutrition Programs provide that schools must make substitutions in breakfasts, lunches and ~~after school snacks for students who are considered to have a disability and whose disability restricts their diet.~~

~~Parent/Guardian's Signature~~      ~~Phone Number~~      ~~Date~~  
Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA), a "person with a disability" means "any person who has a physical or mental impairment which substantially limits one or more major life activity, has a record of such impairment, or is regarded as having such an impairment." The term "physical or mental impairment" includes, but is not limited to, such diseases and conditions as:

- Cancer
- Cerebral Palsy
- Drug addiction and alcoholism
- Emotional illness
- Epilepsy
- Food anaphylaxis (severe food allergy)
- Heart disease
- HIV
- Mental retardation
- Metabolic diseases, such as diabetes or phenylketonuria (PKU)
- Multiple Sclerosis
- Muscular Dystrophy
- Orthopedic, visual, speech and hearing impairments
- Specific learning disabilities
- Tuberculosis

The Individuals with Disabilities Education Act (IDEA) includes the following conditions:

- Autism
- Deaf-blindness
- Deafness or other hearing impairments
- Emotional disturbance
- Mental retardation
- Multiple disabilities
- Orthopedic impairments
- Other health impairments due to chronic or acute health problems, such as asthma, diabetes, nephritis, sickle cell anemia, a heart condition, epilepsy, rheumatic fever, hemophilia, leukemia, lead poisoning, or tuberculosis
- Specific learning disabilities
- Traumatic brain injury
- Visual impairment, including blindness which adversely affects a child's educational performance

Major life activities covered by this definition include caring for one's self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.