

JEFFERSON PARISH PUBLIC SCHOOLS
Medical Statement to Request School Meal Modification
School Year 2016-2017

Important! Select the applicable meal modification category from the two listed below. Then carefully read and follow the procedures for that category. **The school will return incomplete Medical Statements to the parent/guardian.** Return the completed form to your school nurse. Parents will need to provide any necessary meals for student until the form is processed.

1. Modification due to a disability:

- A school is required to make meal modifications prescribed by a licensed physician to accommodate a student's disability. To correctly assess whether an individual child's disability meets the regulatory criteria, the following should be referred to:
 - a. Student with disabilities 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.
 - b. 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 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; and drug addiction and alcoholism.
 - c. Major life activities means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.
- Part B of this form must be completed by a physician, physician assistant, nurse practitioner, licensed dietitian, or other professionals specified by the State Agency.
- Parts A and C of this form must also be completed before the school can make meal modifications.

2. Modification due to a food allergy/intolerance, or other medical condition that does not rise to the level of a disability:

- A school has the option to make meal modifications prescribed by a medical authority due to a food allergy/intolerance or other medical condition that does not rise to the level of a disability. Substitutions will be made on a case by case basis when supported by a statement signed by a recognized medical authority. If the authorized substitute foods are not normally kept in inventory or are not generally available in local markets, the parent or guardian should provide the substitute food item prescribed by the physician or recognized medical authority.
- Part B of this form must be completed by a physician, physician assistant, nurse practitioner, licensed dietitian, or other professionals specified by the State Agency.
- Parts A and C of this form must also be completed before the school can make meal modifications.

Part A. Student, Parent/Guardian & School Contact Information – To be completed by a parent/guardian or school contact person. Incomplete forms cannot be processed and will be returned.		
Student's Name:	Date of Birth:	School:
Parent/Guardian's Name:	Parent/Guardian's Phone:	
Parent/Guardian's Address:	Parent/Guardian's Email:	
Part B. Prescribed Diet Order – This part must be completed by a medical authority as specified above.		
Check ONE:		
<input type="checkbox"/> Student has a Disability (including a life-threatening allergy)		
<input type="checkbox"/> Student has a food allergy/intolerance or other medical condition that does not rise to the level of a disability		
2. Specify the disability, food allergy/intolerance or medical condition related to the prescribed diet order:		
3. If the student has a disability, describe the major life activities affected:		
4. Type of Special Diet:		
<input type="checkbox"/> Check if student does not require a special diet		
<input type="checkbox"/> Check if student does require a special diet, please describe:		

