District School Board of Hardee County
Food Service Department
<u>Medical Statement for Special Meals</u>

Student's Name: ____ Student's ID Number: _____________________
Homeroom Teacher's Name: ______________________________ School: _________________________________

Dear Parent/Guardian and Recognized Medical Authority:

The District School Board of Hardee County participates in the National School Lunch Program (NSLP) and must serve meals meeting the NSLP requirements. Food substitutions **must be made for children with a physical or mental disability when supported by a signed physician's statement**. Food substitutions **may** also be made for children with special dietary conditions unrelated to a disability (i.e. some food allergies) when supported by a statement signed by a physician, physician's assistant, nurse practitioner (ARNP), or registered dietitian.

A recognized medical authority must complete the following information.

1. Does the student identified have a disability? A disability is defined as a physical or mental impairment which substantially limits one or more major life activities.

☐ Yes If yes:

a. State and describe the disability.____

b. How does the disability restrict the diet? ____

____

c. What major life activity is affected? ____

☐ No If no:

Identify the medical condition (unrelated to a disability) that restricts the student's diet (i.e. food allergies).

____

____

2. List any food(s) to be omitted from the student's diet. ____

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3. List any food(s) to be substituted. ____

____

4. Describe any textural modification required. ____

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____ _______________________________

Signature of Physician or Recognized Medical Authority & Date
(For a disability, a physician must sign)

____ ___________________________________

Signature Date

____ ___________________________________

Printed Name Office Phone Number

Please return completed form to the Food Service Director or Nurse at the student's school.

"This institution is an equal opportunity provider."