

Letter to Physician/Medical Authority Requesting Instructions for Meal Substitutions for Disabilities, Allergies or Intolerances

USD#261-HAYSVILLE FOOD SERVICE DEPARTMENT
1745 WEST GRAND HAYSVILLE,KS 67060 (316)554-2219

<Date>

Dear Physician or Medical Authority:

To allow the school food service department to comply with the USDA Child Nutrition Program regulations for meeting a student's special dietary needs, information must be provided using one of the enclosed forms. Please select the form to be completed based on the descriptions provided:

1. **Medical Statement for Student with Disability Requiring Special Meals:** A student with a disability is to be provided substitutions in foods only when supported by a statement signed by a physician licensed by the state. A disabled or "handicapped person" 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. The supporting statement must identify:
 - a. The individual's disabling condition and an indication how the disability restricts the child's diet;
 - b. The major life activity affected by the condition;
 - c. The food or foods to be omitted from the child's diet and the food or choice of foods that must be substituted.

OR

2. **Medical Statement for Student with Food Allergy or Intolerance:** A school will withhold and, at its discretion, may make substitutions for a student who is NOT disabled but is unable to consume food items because of food intolerances or allergies. A recognized medical authority, such as a physician, physician's assistant or nurse practitioner, must sign a supporting statement. The supporting statement must include:
 - a. An indication that the medical or other special dietary need restricts the child's diet and
 - b. The food or foods to be omitted from the child's diet and
 - c. The food or choice of foods that may be substituted.

Until complete information is received from your office, the student's special diet cannot be implemented. Your timely assistance is appreciated.

It is extremely important for the parent/guardian to sign the Medical Statement. If the student's school needs to clarify the diet prescription, the physician or medical authority can provide further information ONLY if the parent/guardian has signed the Medical Statement. Please retain a copy of the completed Medical Statement with your medical records for the student.

If you have questions or need assistance, please call Gina Lee at (316)554-2219.

Sincerely,

Gina Lee
Director of Food Service

Enclosures: Medical Statement for Student Requiring Special Meals due to Food Allergy or Intolerance
Medical Statement for Student Requiring Special Meals due to Disability

