

**Clark-Shawnee Local School District**  
**Medical Statement**  
**For Student Requiring Special Nutritional Needs**  
**Due to Disability**

Name of Student \_\_\_\_\_

School District \_\_\_\_\_

School Attended by Student \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone Number \_\_\_\_\_

**To be completed by a Licensed Physician:**

The school can make diet modification for a disability **ONLY** when omitted foods and appropriate substitutions are prescribed by a licensed physician. If diet modifications are implemented by the school, they will continue until a licensed physician specifies that they should be changed or stopped.

Patient's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Diagnosis: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Identify food allergy that is life-threatening/anaphylactic (considered a disability):

Please list the specific food(s) to be omitted and food(s) that may be substituted:

**Omit foods listed below:**

**Substitute foods listed below:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Signature of Licensed Physician \_\_\_\_\_

Definition of Disability

Federal regulations governing the Child Nutrition Programs provide that schools must make substitutions for students who are considered to have a disability and whose disability restricts their diet. An individual with a disability is described under Section 504 of the Rehabilitation Act (1973) and the American with Disabilities Act as a person who has a physical or mental impairment that substantially limits one or more major life activities.

- Orthopedic, visual, speech and hearing impairments
- Cerebral Palsy
- Epilepsy
- Cancer
- Food anaphylaxis (severe food allergy)