



Zion Lutheran School
Food & Nutrition Services

Return this original form to Food & Nutrition Services Department at 300 Lake Street, Alexandria, MN 56308

Physicians Statement for Student Requiring Special Meals Due To Disability

Forms will only be accepted if filled out completely by a licensed physician.

The questions on this form are **required** questions that must be completed to allow Food & Nutrition Services to make meal modifications.

PART 1: PLEASE PRINT; this section to be completed by parent or guardian				
Student's Name : Last / First / Middle Initial		Student ID #	School Year 20__20__	Today's Date:
School Attended By Student	Grade Level	Age:	Classroom Teacher:	
Parent/Guardian Name	Daytime Phone Number	Cell Phone Number	Home Phone Number	
Parent /Guardian Address:	City	State:	Zip code:	
Will student eat Breakfast at school?	Yes	No		
Will student eat Lunch at school?	Yes	No		
<p><i>I understand the HIPPA Laws and choose to override them to give the school personnel permission to contact the named medical authority in order to discuss or clarify the dietary needs described below.</i></p> <p>Parent or Guardian Signature: _____ Date: _____</p>				
PART II: THIS SECTION TO BE FILLED OUT COMPLETELY BY THE LICENSED PHYSICIAN TREATING THE STUDENT. PLEASE PRINT:				
Does the student have a disability as outlined on the back of this form <i>that restricts their diet?</i>		Yes	No	
<p>1. If YES, describe the disability. _____ (i.e. Celiac Disease)</p> <p>2. Describe how the disability restricts the diet: _____</p> <p>3. Check the major life activities affected by the disability: <input type="checkbox"/> caring for one's self <input type="checkbox"/> seeing <input type="checkbox"/> breathing <input type="checkbox"/> hearing <input type="checkbox"/> speaking <input type="checkbox"/> walking <input type="checkbox"/> working <input type="checkbox"/> learning <input type="checkbox"/> performing manual tasks <input type="checkbox"/> Other _____</p> <p>4. Check which dietary modifications the student needs and specify what changes need to be made. <i>MD check</i> <input checked="" type="checkbox"/> <i>all that apply:</i></p> <p><input type="checkbox"/> Diabetes: carbohydrate counts will be provided on our website parents/guardians can monitor their child's diet.</p> <p><input type="checkbox"/> Gluten Free <input type="checkbox"/> PKU (Phenylketonuria) <input type="checkbox"/> Calorie Controlled: Calorie Level _____</p> <p><input type="checkbox"/> Lactose Intolerance: <input type="checkbox"/> No milk to drink (student will be offered lactose reduced milk as per MN State Statute 124D.114) <input type="checkbox"/> Parent approves that their child may purchase bottled water or juice at additional cost.</p> <p><input type="checkbox"/> Life Threatening/Anaphylactic Food Allergy: <i>PLEASE NOTE: a food allergy is not considered a disability unless it results in a life threatening reaction.</i> Please list the foods that must be omitted from the child's diet. BE SPECIFIC: <input type="checkbox"/> Peanuts <input type="checkbox"/> Tree Nuts (<i>walnuts, almonds, pecans, pistachios, nut paste, etc.</i>) <input type="checkbox"/> Soy products <input type="checkbox"/> Shellfish (<i>shrimp, crab, oyster, lobster, clams, scallops</i>) <input type="checkbox"/> All Dairy Products (includes omitting all products with dairy derivatives, such as whey and caseinate – <i>examples: milk to drink, cheese, pizza, pudding, ice cream treats, etc.</i>) <input type="checkbox"/> Egg (includes omitting all egg products - <i>examples: French toast, omelets, cookies, cake, muffin, etc.</i>) <input type="checkbox"/> Other: BE SPECIFIC _____</p> <p><input type="checkbox"/> Student may select their meals from regular menus/foods provided at school.</p> <p><input type="checkbox"/> Parent may review menu in advance and select the child's meals from regular foods provided at school.</p> <p><i>Please note: The district is aware that some students have food allergies, but the District is unable to rid the premises of any one food allergen.</i></p>				
PHYSICIAN TO ALSO COMPLETE SIDE TWO				

