



Parent, please attach current photo of Student HERE

OHS-18 : Medical Statement for Student Requiring Special Meals

Date _____ School _____

Student Name _____ Date of Birth _____

I, _____, parent/guardian of student listed above, give my permission for school staff to contact my child's primary care physician to obtain or release information concerning a required special diet. This information will only be shared with St. Louis Public School's personnel and the service providers who need to information to provide and prepare the special diet. This authorization is valid for one calendar year. I understand that I may revoke this authorization at any time by submitting written notice to withdraw my consent. I recognize this information, once received by the school district, may not be protected by the HIPAA Privacy Rule, but will become education records protected by the Family Educational Rights and Privacy Act.

PARENT/GUARDIAN SIGNATURE

THIS SECTION IS TO BE COMPLETED BY PRESCRIBING PHYSICIAN:

Please authorize the appropriate diet and other instructions:

- Blended diet (pureed)
 Mechanically altered diet
 Thickened liquids (Thick-It)
 Soft Diet
 Diet appropriate for developmental level
 Other (specify)

- Food restrictions/allergies (specify)

Printed Name of Prescribing Physician Signature of Prescribing Physician Date

Prescribing Physician's Phone Number Office Address

United States Department of Agriculture
Food and Nutrition Service Instruction 783-2
7 CFR PART 15b

"Handicapped person" means any person who has a physical or mental impairment which substantially limits one or more major life activities, has record of such an impairment, or is regarded as having such an impairment.

"Physical or mental impairment" means (1) any physiological disorder or condition, cosmetic disfiguration, 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, drug addiction, and alcoholism.

"Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.