Oregon Trail School District #46
Medical Statement - for Accommodating Disabilities

Submit this form to: Nutrition Services
Site/Provider Name: Oregon Trail School District

Part I To be completed by Parent/Guardian or Sponsor

Name of Participant: ________________________________________________________________

Parent/Guardian Name _____________________________ Phone # ____________________

Part II To be completed only by a State licensed health care professional who is authorized to write medical prescriptions under State law*. Answer questions 1-3.

1. Describe the major life activity or major bodily function affected by the participant’s physical or mental impairment that restricts the diet:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

2. Meal Accommodation Plan (Foods to omit or avoid):
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

3. Foods to be substituted and recommended alternatives (include modification and accommodation):
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Signature of Licensed Health Care Professional*:
________________________________________________ Date ______________________

Sponsor’s use: Accommodation made:
_________________________________________________________________________________

Staff Signature ________________ Date ________________

*Medical Doctors of Medicine (MD); Doctors of Osteopathy (DO); Doctors of Naturopathy (ND); Physician’s Assistant (PA); Certified nurse practitioner or clinical nurse specialist; Doctor of Dental Medicine (DMD); Doctor of Dental Surgery (DDS); Doctor of Optometry (OD)

This institution is an equal opportunity provider

Medical Statement for Accommodating Disabilities (Rev 4/18)