



Spokane Head Start/ECEAP/Early Head Start NUTRITION MEDICAL DISABILITY STATEMENT FOR FOOD SUBSTITUTION(S) INCLUDING FOOD ALLERGIES

Administrative Office MS 1055 ■ 3939 N Freya St ■ Spokane WA 99217
509-533-4800 ■ FAX 509-533-4850

HEALTH PRACTITIONER INSTRUCTIONS

1. Please review all information.
2. Please complete Parts 2 & 3.
3. Return this completed form to Parent/guardian **OR**
4. Fax to _____

Thank you for your help!

Family Service Coordinator _____ Date _____

HS/E/EHS Site _____

PART I – CHILD INFORMATION

Child's Name _____

The child identified above has a disability that restricts the child's ability to drink cow's milk, soy milk, or consume other food(s).

An individual with a disability is described under Section 504 of the Rehabilitation Act (1973) and the Americans with Disabilities Act (ADA) as a person who has a physical or mental impairment that substantially limits one or more major life activities/bodily functions. Refer to the end of this document for definitions of "disability" and "major life activities/bodily functions."

PART 2 – TO BE COMPLETED BY RECOGNIZED MEDICAL AUTHORITY

- Identify the child's disability: _____
- Identify the major life activities/bodily functions affected by the disability:
Major life activities: _____ (see part 4), and/or
Bodily functions: immune system normal cell growth digestive bowel bladder
 neurological brain respiratory circulatory cardiovascular endocrine reproductive
- Describe how the disability restricts the child from drinking cow's milk and approved brands of soy milk (8th Continent Soymilk – Original, Pacific Ultra Soy – Original, Great Value Original Soymilk, Kirkland Organic Soymilk - Plain, Silk Original Soymilk) or consuming other food item(s).

- Prescribed food substitute(s) _____

Dietary accommodations must be provided by the child care center at no charge to a child with a disability unless the parent chooses to provide the food substitute(s).

PART 3 – SIGNATURE OF LICENSED P HYSICIAN

Clinic Name _____ Phone: _____

Name of Recognized Medical Authority (please print): _____

Signature: _____ Date: _____

Medical Doctor (MD), Doctor of Osteopathy (DO), Physician's Assistant (PA) with prescriptive authority, Naturopathic Physician, or Advanced Registered Nurse Practitioner (ARNP)

PART 4 - DEFINITIONS

"A Person with a Disability" is defined as any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment. **"Physical or Mental Impairment"** means (a) any physiological disorder or condition, cosmetic disfigurement, 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 (b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. **"Major Life Activities"** are functions such as caring for one's self, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating and working. **"Major Life Activities" now include "Major Bodily Functions"** such as functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, and reproductive functions. **"Has a Record of Such an Impairment"** is defined as having a history of, or has been classified as having a mental or physical impairment that substantially limits one or more major life activities. Citations from Section 504 of the Rehabilitation Act of 1973.

This institution is an equal opportunity provider.