School Meal Modification Requests

Dear Parent/Guardian:

Your child's school:

1. Will make meal modifications prescribed by a licensed physician to accommodate a disability.
2. Will make meal modifications prescribed by a medical authority due to a food allergy/intolerance or other medical condition that does not rise to the level of a disability.
3. Will make substitutions for fluid cow's milk due to a food allergy/intolerance or for other reasons.

The *Medical Statement to Request School Meal Modification* is attached to this letter. On the front of that form there is further information about the three categories of meal modifications and the procedures that apply to each category. Please read this information carefully before completing the form. Only the types of meal modifications explained in the first paragraph of this letter are applicable to your child's school.

To ensure the requested meal modifications can be made on the first day of school, return the completed medical statement by August 1st to Nutritional Services via the following:

- Mail to: 5604 State Avenue, Kansas City, KS 66102
- Email: special.diets@kckps.org

If you are submitting a request for meal modification at a time other than the beginning of the school year, it can take up to five school days to process.

IMPORTANT: For a student who does not have a recognized disability, the only fluid cow's milk substitutions allowed by USDA are: (1) lactose-free fluid cow's milk or (2) a non-dairy beverage with a nutrient profile equivalent to fluid cow's milk as specified in federal regulations.

If you have questions or need assistance, please call 913-627-3919 or email special.diets@kckps.org

Sincerely,

Ashlee Welter, RD, LD

Kansas City, Kansas Public Schools

7/2019

Special Diet Form Quick Tips

- Special diet requests will only be accepted on the Medical Statement to Request School Meal Modification form provided by the state. Special diets written on any other documentation will not be accepted.
- Please fill out special diet form completely including student's school and birthday.
- Special diet forms must be signed by the student's guardian and the appropriate medical authority in order for the forms to be processed. If the student has a disability, their form can only be completed by a licensed physician (MD or DO.)
- If the student has a food allergy, intolerance, or any other medical condition that does not rise to the level of a disability, a physician's assistant's (PA) or advanced registered nurse practitioner's (ARNP) signature can be accepted as an appropriate medical authority.
- If your student has an allergy that requires the use of an Epi-pen, a medical authority will need to add that to the meal modification form.
- **Please be as thorough with the student's special diet as possible**. Ex: If the student is allergic to eggs but can have bread with eggs baked in it, please state that in section B of the meal modification form. Failing to provide this information may lead to unnecessary restrictions in the student's choices at mealtime.
- If a student requires substitution of cow's milk, parents can complete the form without going to the doctor. This section is intended for students who only require a substitution of fluid cow's milk due to lactose intolerance or allergy. If the student requires more restrictions other than fluid cow's milk, the form will need to be filled out by the appropriate medical authority.

Medical Statement to Request Meal Modification

Modifications to Accomodate a Disability: Meal Modifications prescribed by a medical authority must be made to accomodate a participants disability.

Definition of Disability: Under Section 504, the ADA, and Departmental Regulations of 7 CFR part 15b define a person with disability 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 an impairment. "Major life activities" are broadly defined and include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. "Major life activities" also include operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

This form must be completed by a "medical authority" that is authorized by Kansas state law to write medical prescriptions: licensed physician (MD or DO) OR a physician's assistant (PA) or an advanced registered nurse practitioner (APRN) authorized by their responsible licensed physician.

Part A: Participant, Parent/Guardian, Facility Contact Information - To be completed by a parent/guardian or facility contact person.

STUDENT INFORMATION - To be completed by Parent/Guardian

Last Name	First Name	MI	Date of Birth

PARENT / GUARDIAN AND FACILITY INFORMATION

Parent / Guardian First Name and Last Name	Parent / Guardian Phone Number

Facility Name	Facility Contact Person's Name	Facility Contact's Phone Number

Part B: Prescribed Diet Order - This part must be completed by a medical authority as specified above.

1. Description of the physical or mental impairment related to the prescribed diet order and major life activity affected. Example: Allergy to peanuts affects ability to breathe.

2. Explanation of what must be done to accommodate the disability (please describe in detail to ensure proper implementation):

Part C: COMPLETED BY THE MEDICAL AUTHORITY AS SPECIFIED ABOVE

Student Diagnosis or Condition (Select One) - ☐ **Food Intolerance** ☐ **Food Allergy** ☐ **Life Threatening Food Allergy**

Please check all food(s) to omit from child's diet during the school only (not to be used as a medical history):

DAIRY
- ☐ Fluid Milk. Substitute with: ☐ Soy Milk ☐ Water
- ☐ Cheese and recipes with cheese listed as an ingredient
- ☐ Yogurt
- ☐ Baked goods with any dairy listed as an ingredient

EGG
- ☐ Whole eggs such as scrambled eggs or hard cooked eggs
- ☐ Baked goods with any egg listed as an ingredient

WHEAT / GLUTEN
- ☐ Recipes with any wheat listed as an ingredient

FISH OR SHELLFISH
- ☐ Fish
- ☐ Shellfish

PEANUTS OR TREE NUTS
- ☐ Peanuts
- ☐ Tree Nuts

CORN
- ☐ Whole corn such as corn kernels, tortilla chips, corn muffin
- ☐ Recipes with corn / corn products listed as an ingredient

SOY
- ☐ Soy Protein (concentrate, hydrolyzed, isolate)
- ☐ Recipes with any soy listed as an ingredient

OTHER
- ☐ Other, specify if it is a cooked ingredient or when consumed fresh

_____

_____

OMIT FOODS LISTED BELOW:	**SUBSTITUTE FOODS LISTED BELOW:**

Modified Texture:	☐ Not Applicable	☐ Chopped	☐ Ground	☐ Pureed
Modified Thickness or Liquids	☐ Not Applicable	☐ Nectar	☐ Honey	☐ Spoon or Pudding Thick
Special Feeding Equipment	☐ Not Applicable	☐ Special Feeding Equipment		

(e.g. large handled spoon, sippy cup, etc.)

Part D: LICENSED PHYSICIAN'S INFORMATION ***Diet Order Form will be returned to parent / guardian and NO accommodations will be made if this section is not complete.***

I certify that the above named student needs to be offered food substitutions as described above. FCNS will attempt to accommodate substitutions but reserves the right to modify the menu based on product availability.

Printed Name of Medical Authority _____ ☐ **MD** ☐ **DO** ☐ **PA-C** ☐ **NP** **DATE** _____

Signature of Medical Authority _____ **CONTACT TELEPHONE NUMBER** _____

Parent/Guardian Permission - To be completed by a parent/guardian

I give permission for facility personnel responsible for implementing the prescribed diet order to discuss the special dietary accommodations with any appropriate staff and to follow the prescribed diet order for meals. I also give permission for the medical authority to further clarify the prescribed diet order on this form if requested to do so by facility personnel.

X _____ _____ _____

PARENT/ GUARDIAN/ FACILITY CONTACT SIGNATURE | **DATE** | **CONTACT NUMBER OF PARENT/GUARDIAN**