

SPECIAL DIETARY NEEDS FORM

Northridge Foodservices

The U.S. Department of Agriculture's (USDA) nondiscrimination regulation (7 CFR 15 b), as well as the regulations governing the National School Lunch Program and School Breakfast Program, make it clear that substitutions to the regular meal must be made for children who are unable to eat school meals because of their disabilities, when that need is certified by a licensed physician.

Please complete each section of this form and return to Northridge Foodservices

FAX: (937) 276-8351 Attention: Judi Hunter, Food Service Supervisor & Shane Allison, School Nurse

PART A		
Student's name	Age	Parent's name and phone number
Name of School:	Grade	Homeroom Teacher
Does the child have one of the following disabilities? (indicate by circling in the list below)	Does the disability limit one or more major life activities or bodily function ? (indicate by circling in the list below)	Does the disability cause the child to have special nutritional or feeding needs?
<input type="checkbox"/> Orthopedic impairment <input type="checkbox"/> Visual, speech, and/or hearing impairments <input type="checkbox"/> Phenylketonuria (PKU) <input type="checkbox"/> Celiac disease <input type="checkbox"/> Sickle cell anemia <input type="checkbox"/> Food anaphylaxis (severe food allergy)* <input type="checkbox"/> Autism <input type="checkbox"/> Specific learning disabilities; please specify _____ <input type="checkbox"/> Multiple Disabilities <input checked="" type="checkbox"/> Food-Related Disability <input type="checkbox"/> Other disability not listed; please specify _____ Health impairments due to <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Nephritis <input type="checkbox"/> Epilepsy <input type="checkbox"/> Hemophilia * This does not include non-immune system reactions which is typical with many food intolerances, or slight allergy; only life threatening allergy (such as those that cause respiratory distress).	MAJOR LIFE ACTIVITY <input type="checkbox"/> Caring for one's self <input type="checkbox"/> Eating <input type="checkbox"/> Performing manual tasks <input type="checkbox"/> Walking <input type="checkbox"/> Seeing <input type="checkbox"/> Hearing <input type="checkbox"/> Speaking <input type="checkbox"/> Breathing <input type="checkbox"/> Learning <input type="checkbox"/> Working MAJOR BODILY FUNCTION <input type="checkbox"/> Immune System <input checked="" type="checkbox"/> Normal Cell Growth <input type="checkbox"/> Digestive <input type="checkbox"/> Bowel <input type="checkbox"/> Bladder <input type="checkbox"/> Neurological <input type="checkbox"/> Brain <input type="checkbox"/> Respiratory <input type="checkbox"/> Circulatory <input type="checkbox"/> Endocrine <input checked="" type="checkbox"/> Cardiovascular <input type="checkbox"/>	<input type="checkbox"/> Yes, certain foods should be avoided COMPLETE PART C <input type="checkbox"/> Yes, foods should be prepared in a certain manner to achieve proper texture and/or consistency for consumption. COMPLETE PART D <input type="checkbox"/> No Continue to PART B
USDA regulations require schools to make accommodations for those with disabilities that require special diet within a reasonable cost to the school food authority. <i>In some cases, special diets may be cost prohibitive to be provided in the school meal program.</i>		

PART B	
Does the child have a food allergy (not anaphylaxis) or intolerance that requires a special diet? This does NOT include personal preferences. THIS SECTION FOR ISSUES <u>OTHER THAN</u> THOSE RELATED TO DISABILITY INDICATED IN PART A.	<input type="checkbox"/> Yes COMPLETE PART C <input type="checkbox"/> No
USDA regulations do NOT require schools to accommodate food intolerances. The school food authority retains the right to reject requests for accommodating food intolerances. Any accommodations made for intolerances must comply with the USDA approved meal pattern for school meals.	

SPECIAL DIETARY NEEDS FORM – continued
Northridge Foodservices

Student's name	Age	Parent's name and phone number
PART C – complete for disability, allergy, or intolerance		
FOODS or INGREDIENTS TO AVOID Indicate by circling items in the list below, add items as needed.	FOODS TO SUBSTITUTE Indicate by circling items in the list below add items as needed. The foods listed are approved as reasonable substitutions in Northridge Food Services.	
<input type="checkbox"/> MILK, fluid milk only <input type="checkbox"/> Milk and dairy presented as whole foods only (includes cheese as a major portion of a dish, i.e. pizza, cheese on a sandwich, or macaroni & cheese) <input type="checkbox"/> Milk and dairy as an ingredient in other foods; includes all forms and derivatives of milk <input type="checkbox"/> Eggs <input type="checkbox"/> Peanuts <input type="checkbox"/> Tree nuts <input type="checkbox"/> Soy <input type="checkbox"/> Wheat <input type="checkbox"/> Fish <input type="checkbox"/> Crustacean shellfish (shrimp) <input type="checkbox"/> Peaches <input type="checkbox"/> Grapefruit <input type="checkbox"/> Gluten OTHER: (list below, be specific) <input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/> .	<input type="checkbox"/> LACTOSE FREE MILK: this is the only substitution for an intolerance or non-life threatening allergy to milk <input type="checkbox"/> Apple <input type="checkbox"/> Apple sauce <input type="checkbox"/> Black beans <input type="checkbox"/> Carrots, fresh or cooked <input type="checkbox"/> Cheese, American <input type="checkbox"/> Cheese, Cheddar <input type="checkbox"/> Cheese, String <input type="checkbox"/> Corn <input type="checkbox"/> Ham, turkey deli sliced <input type="checkbox"/> Mandarin oranges/oranges <input type="checkbox"/> Peas <input type="checkbox"/> Peaches, diced <input type="checkbox"/> Pears, diced <input type="checkbox"/> Potatoes	
	<input type="checkbox"/> Rice <input type="checkbox"/> Tossed salad <input type="checkbox"/> Turkey, deli slice <input type="checkbox"/> Juice <input type="checkbox"/> 100% fruit punch <input type="checkbox"/> Grape <input type="checkbox"/> Orange <input type="checkbox"/> Apple <input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/> .	

PART D
Please give detailed description of proper texture/consistency required. List any special equipment or utensils that may be needed (attach a separate sheet if more space is needed):

Other Info & Authorization	
Indicate any other comments about the child's eating or feeding patterns (attach a separate sheet if more space is needed):	
<i>Please complete attached medication authorization form if emergency medication is needed at school</i>	
List the professional to be contacted if more information or clarification is required (MD, DO, RD, RN, DTR)	
Name: _____ Title: _____	
Telephone: _____ Email: _____	
Parent's Signature	Date:
Physician or Medical Authority's Signature	Date: