

**When and how to use these forms:**

“Children with Special Needs Requiring Support from SVVSD Nutrition Services”: This form is a release that must be completed by a parent or guardian allowing their student’s doctor to release medical information to us, the district. This needs to be filled out by the parent in conjunction with any diet change form (“Form 1” or “Form 2”)

-If a parent is requesting a diet change that will alter what we do with food on a daily basis, then the parent will need to fill out this form, as well as the Form 1 or 2. We DO NOT need these forms for a student with basic lactose intolerance. A note from the parent (kept at the kitchen) is plenty. Here are some examples of when these forms would be necessary:

- 1) A student has Celiac disease and will be eating with us either regularly or on occasion. We will need to bring in special product and that student will need a special menu, therefore, the paperwork must be turned in.
- 2) A student has a severe, life threatening allergy, OR a severe intolerance to a certain food that will require a special menu (currently we have students with these types of allergies or intolerances to dairy and soy, and they are able to eat with us).
- 3) A student has a physical condition affected by diet, such as kidney failure, cystic fibrosis, or PKU.

“Medical Statement for Dietary Disability – School Meal Modification” (Form 1): This form must be filled out by a licensed physician for the student. It clarifies how we must make changes to meals for a SEVERE, LIFE-THREATENING allergy, or for a severe condition that requires major diet focus. There is a list on the form that states which of these diseases applies as a dietary disability. Mostly, you’ll use this for a student with an allergy that can cause anaphylaxis. A doctor only needs to fill out this form if the student will actually be eating with us.

“Medical Statement to Request School Meal Modification” (Form 2): This form must be filled out by a physician, physician assistant, or advanced registered nurse practitioner. This is for students who will eat with us, but who require some change to their diets, or a special menu. We use this form far more often than Form 1, mostly because a lot of students who have severe allergies don’t eat with us. So, for Celiac disease, kidney disease, PKU, food intolerance and the like, this form will serve.

\*A note on diabetes: We do **not** need a form filled out for a student with diabetes, because the nursing side takes care of these students and documents appropriately. I provide a list of our foods and the carbohydrates they contain, and then the health clerks simply provide insulin based on that number.

“Discontinuation of School Meal Modifications Prescribed by a Licensed Physician or Medical Authority”  
(Form 3): You will only ever need the top half of this form, because we do not provide a milk substitute (such as soy milk) for our lactose intolerant students (that’s the bottom half). They simply eliminate milk as one of the two components they can refuse.

You will need the top half of this form for when a student’s special diet is no longer necessary. Sometimes kids grow out of allergies or intolerances, and therefore no longer need modification. If a parent says you can stop making changes to a student’s meal, give them a copy of this form.

Once a form is completed, it must come back to the Nutrition Services Office for reference. Special modifications will be made, and you will receive the necessary information for that student as to what to serve.

***Information is current as of June 24, 2015: Megan Thomas, MS, RDN***

# Medical Statement for Dietary Disability - School Meal Modification

**Important!** Carefully read and follow the procedures for a dietary disability. The school will return incomplete Medical Statements to the parent/guardian. If you have questions about this form, the school contact named in Part A below will assist you.

**Modification due to a dietary disability:**

- A school is required to make meal modifications prescribed by a licensed physician to accommodate a student's dietary disability.
- If this is a life-threatening food allergy resulting in anaphylaxis, ensure the Allergy & Anaphylaxis Action Plan form is completed by school nursing staff.

**Definition of Disability:**

Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA), a "person with a disability" means "any person who has a physical or mental impairment which substantially limits one or more major life activity, has a record of such impairment, or is regarded as having such an impairment."

Major life activities covered by this definition include: caring for one's self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working. Major life activities also includes "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. 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
- Metabolic diseases, such as diabetes or phenylketonuria (PKU)
- Food anaphylaxis (severe food allergy)
- Mental retardation
- Emotional illness
- Drug addiction and alcoholism

**Filling out Form:**

- Part B of this form must be completed by a licensed physician (MD or DO).
- Parts A and C of this form must also be completed before the school can make meal modifications.
- The meal modifications will continue until a licensed physician requests that the modifications be changed or stopped on Form SD-3, which is available from the school.
- It is strongly recommended that a licensed physician annually update the prescribed diet order.

**Part A. Student, Parent/Guardian & School Contact Information** – To be completed by a parent/guardian or school contact person

1. Student's Name:	2. Date of Birth:	3. School:
4. Parent/Guardian's Name:	5. Parent/Guardian's Phone:	
6. School Contact's Name:	7. School Contact's Phone:	

**Part B. Prescribed Diet Order** – This part must be completed by a licensed physician as specified above.

1. Specify the disability, food allergy/intolerance or medical condition and explain why the disability restricts the child's diet.

2. What major life activity is affected by this student's disability? Example: Allergy to peanuts affects ability to breathe.

3. Type of Special Diet:

Check if not applicable OR specify the type of special diet (e.g. low sodium, gluten-free, diabetic, etc.).

4. Modified Texture:	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Chopped	<input type="checkbox"/> Ground	<input type="checkbox"/> Pureed
5. Modified Thickness of Liquids:	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Nectar	<input type="checkbox"/> Honey	<input type="checkbox"/> Spoon or Pudding Thick

6. Special Feeding Equipment:  
 Check if not applicable OR list special feeding equipment (e.g. large handled spoon, sippy cup, etc.).

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7. Foods to be Omitted and Substituted:  
 List specific foods to be omitted and substituted. If more space is needed, sign and attach additional sheet of paper.

Omit Foods Listed Below:	Substitute Foods Listed Below:

8. Licensed Physician's Information

Signature:	Title:	
Printed Name:	Phone:	Date:

**Part C. Parent/Guardian Permission** – To be completed by a parent/guardian

I give permission for school personnel responsible for implementing my child's prescribed diet order to discuss my child's special dietary accommodations with any appropriate school staff. I also give permission for my child's licensed physician to further clarify the prescribed diet order on this form if requested to do so by school personnel.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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# Medical Statement to Request School Meal Modification

**Important!** Select the applicable meal modification category from the two listed below by checking the appropriate box. Then carefully read and follow the procedures for that category. The school will return incomplete Medical Statements to the parent/guardian. If you have questions about this form, the school contact named in Part A below will assist you.

1. **Modification due to a food allergy/intolerance, or other medical condition that does not rise to the level of a disability:**
- A school has the option to 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. See the definition of disability on the bottom of this form.
  - Part B of this form must be completed by a medical authority who is a licensed physician (MD or DO), physician's assistant (PA), or advanced registered nurse practitioner (ARNP).
  - Parts A and C of this form must also be completed before the school can make meal modifications.
  - If a school chooses to make the meal modifications, they will continue until a medical authority requests that the modifications be changed or stopped on Form SD-3, which is available from the school.
  - It is strongly recommended that a medical authority annually update the prescribed diet order.
2. **Substitution for fluid cow's milk due to lactose intolerance, allergy, religious, ethical or cultural reasons:**
- A school has the option to make a substitution for fluid cow's milk that is requested by a parent/guardian, but that is not prescribed by a medical authority.
  - Parts A and D of this form must be completed before the school can make a substitution for fluid cow's milk.
  - If a school chooses to provide such a substitution, they will continue until a parent/guardian requests that the substitution be changed or stopped on Form SD-3, which is available from the school.

<b>Part A. Student, Parent/Guardian &amp; School Contact Information</b> – To be completed by a parent/guardian or school contact person		
1. Student's Name:	2. Date of Birth:	3. School:
4. Parent/Guardian's Name:	5. Parent/Guardian's Phone:	
6. School Contact's Name:	7. School Contact's Phone:	
<b>Part B. Prescribed Diet Order</b> – This part must be completed by a medical authority as specified above.		
1. Check:		
<input type="checkbox"/> Food allergy/intolerance or other medical condition that does not rise to the level of a disability.		
2. Specify the food allergy/intolerance or medical condition related to the prescribed diet order.		
3. Foods to be Omitted and Substituted:		
List specific foods to be omitted and substituted. If more space is needed, sign and attach additional sheet of paper.		
<b>IMPORTANT:</b> For a student who does <u>not</u> have a recognized disability, the only fluid cow's milk substitutions allowed by USDA are: (1) lactose-free fluid cow's milk or a (2) non-dairy beverage with a nutrient profile equivalent to fluid cow's milk as specified in federal regulations. Currently the only beverages meeting these specifications are certain brands of soymilk.		
Omit Foods Listed Below:	Substitute Foods Listed Below:	

4. Medical Authority's Information		
Signature:	Title:	
Printed Name:	Phone:	Date:
<b>Part C. Parent/Guardian Permission</b> – To be completed by a parent/guardian		
I give permission for school personnel to follow the prescribed diet order for my child's school meals. I also give permission for my child's medical authority to further clarify the prescribed diet order on this form if requested to do so by school personnel.		
Parent/Guardian's Signature:		Date:
<b>Part D. Request Substitution for Fluid Cow's Milk due to Lactose Intolerance, Allergy, Vegan Diet, Religious, Cultural or Ethical Reasons</b> – To be completed by a parent/guardian		
Instead of fluid cow's milk, please provide the student named in Part A. of this form with the following substitute (Check ONE):		
<input type="checkbox"/> Lactose-free cow's milk (1% or skim) <input type="checkbox"/> Non-dairy beverage nutritionally equivalent to fluid cow's milk per federal regulations		
Parent/Guardian's Signature:		Date:
<b>Definition of Disability:</b>		
Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA), a "person with a disability" means "any person who has a physical or mental impairment which substantially limits one or more major life activity, has a record of such impairment, or is regarded as having such an impairment."		
Major life activities covered by this definition include caring for one's self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working. The term "physical or mental impairment" includes, but is not limited to, such diseases and conditions as:		
<ul style="list-style-type: none"> <li>• Orthopedic, visual, speech and hearing impairments</li> <li>• Cerebral Palsy</li> <li>• Epilepsy</li> <li>• Muscular Dystrophy</li> <li>• Multiple Sclerosis</li> <li>• Cancer</li> <li>• Heart disease</li> <li>• Metabolic diseases, such as diabetes or phenylketonuria (PKU)</li> <li>• Food anaphylaxis (severe food allergy)</li> <li>• Mental retardation</li> <li>• Emotional illness</li> <li>• Drug addiction and alcoholism</li> </ul>		

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**Discontinuation of School Meal Modifications  
Prescribed by a Licensed Physician or Medical Authority**

Licensed Physician/Medical Authority's Name \_\_\_\_\_

Student's Name \_\_\_\_\_

School \_\_\_\_\_

I certify that the student named above is no longer in need of the previously prescribed meal modifications effective on the following date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Licensed Physician/Medical Authority

\_\_\_\_\_  
Licensed Physician/Medical Authority's Title

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

**Discontinuation of Substitution for Fluid Cow's Milk  
Requested by a Parent/Guardian**

Name of Student \_\_\_\_\_

School \_\_\_\_\_

I certify that the student named above is no longer in need of the previously requested substitution for fluid cow's milk effective on the following date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
City, State, Zip

