

Yuma School District One

Child Nutrition Department

Special Dietary Needs Form

The attached form is required for any menu substitutions or accommodations and must be signed by a recognized medical authority (physician, physician's assistant or nurse practitioner).

Students with Disabilities

USDA regulations require that substitutions or modifications be made in school meals for children whose disabilities restrict their diets. Food allergies that are life-threatening (result in anaphylactic reactions) are defined as a disability under Section 504 of the Rehabilitation Act.

Students with Non-Life Threatening Food Allergy or Other Special Dietary Needs

The School Food Service may make food substitutions, at their discretion, for individual children who do not have a disability, but who are medically certified as having a special medical or dietary need. Yuma School District One Child Nutrition Department will accommodate any reasonable request for students without a disability. However, the school is not required to serve special meals to all children with diet restrictions (i.e. most food allergies, such as wheat, citrus, eggs, corn). Such determinations are made on a case-by-case basis by Child Nutrition Supervisory Staff.

Instructions for Completing the Special Dietary Needs Form

Part I (to be filled out by parent or guardian):

- Name of Student: Enter the student's first and last name.
- Date of Birth: Enter the student's six-digit date of birth, e.g. May 21, 1996 = 05/21/96.
- School: Enter the name of the school that the student regularly attends.
- Name of Parent/Guardian(s): Enter the full name of the student's parent(s) or legal guardian(s).
- Phone: Enter the parent/guardian's daytime telephone number with area code.

Part II (to be filled out by the physician):

- Diagnosis: Insert the patient's clinical diagnosis for the condition that requires dietary modification.
- Foods to be omitted from the child's diet: Indicate which foods must be omitted from the child's diet due to chronic medical illness or disability.
- Foods to be substituted: Indicate appropriate substitutions for the foods to be omitted (a dietitian can assist in completing this section).
- Special considerations: List any other considerations that affect the child's diet.
- Please check: Place a check mark next to the corresponding line for the child's condition requiring dietary modifications (life threatening, managed by child with moderate supervision or self controlled by the child).
- Physician: Print the name, address and phone number of the physician completing the form.
- Physician Signature: Enter the signature of the physician, physician's assistant or nurse practitioner filling out the form and the date signed.

*****PARENTS PLEASE NOTE*****

Special diet requests can take 2-3 weeks to process. If you do not want your child to receive a regular lunch during this time, please plan to send a lunch with your child until you receive verification that your child's special diet request has been reviewed and accommodations can be made.

**This form must remain on file in the school cafeteria, nurse's office and with the YSD#1 Child Nutrition Department.

Return completed form to the Child Nutrition Department

YSD#1 Child Nutrition Department
450 West 6th Street
Yuma, AZ 85364
Phone: (928) 502-4360 Fax: (928) 502-4443

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Part I (to be filled out by parent or guardian):

Child's Name: _____ School: _____ Date of Birth: _____

Parent/Guardian Name: _____ Phone: () _____

Address: _____

E-mail address: _____

Part II (to be filled out by the physician):

Please complete the following information for the above child. List all foods that should be omitted from the diet and foods or types of foods to be substituted. If there are any special considerations needed for meal service please list them in the space provided below.

Diagnosis requiring diet modification: _____

Foods to be omitted from the child's diet:

Foods to be substituted:

Special Considerations:

Please check:

- Life threatening (critical, needs close supervision)
- Managed by child with moderate supervision
- Self controlled by child

Physician Contact Information:

Name: _____ Address: _____

Phone: () _____

Dietitian's Name (if available): _____

Physician's Signature: _____ **Date:** _____

For YSD#1 internal use only		
Copy to:	_____ School Nurse	_____ Cafeteria Manager
		_____ Child Nut. Dpt.