MISSION CISD CHILD NUTRITION PROGRAM

SPECIAL DIETARY ORDER FORM 2020-2021

To obtain this form visit www.mcisd.net - Child Nutrition Program

Students Legal Name (First, MI, Last):____________________ Campus:____________________

Date of Birth:____________ Student ID#____________ Grade:__________ Nurse:____________________

Does the student have a Disability? ☐ Yes ☐ No Medical Diagnosis or Disability (must be filled in):____________________

Under section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990, a "person with a disability" is any person who has a physical or mental impairment that substantially limits one or more life activities, has a record of such an impairment or is regarded as having such an impairment.

Describe the student's condition and the major life activity affected by the condition related to the need for dietary modification. ____________________

Please specify:____________________

Food Intolerance(s)

Does the Student have a FOOD INTOLERANCE (i.e. lactose intolerance)? ☐ **Yes** ☐ **No**

**** If YES, then please select the appropriate substitution (s). Please note that Mission CISD can not substitute juice or bottled water for milk. A student may request a cup for drinking water from a campus water fountain or from a clean water container made available in the dining room.***

☐ **Lactose Free Milk** ☐ **Soy Milk** ☐ **Almond Milk** ☐ ***Other***____________________

Food Allergy(ies)

Does the student have a FOOD ALLERGY? ☐ **Yes** ☐ **No**

If yes, does the student need MEDICATION, i.e. Epi Pen, Benadryl, Prednisolone? ☐ ***Yes*** ☐ ***No***

Please check all food groups that must be OMITTED:

☐ **Peanuts/Nuts** ☐ **Wheat** ***(Note: includes many of our bread, baked, and breaded protein items)*** ☐ **Egg (Note: includes baked items)**

☐ **Milk Only** ☐ **Soy (Note: most of our food items contain soy or soy oil)** ☐ **Fish**

☐ **All products with Dairy/Milk** ☐ **Other**____________________

Please list foods to be substituted: ____________________

Texture Modification/Tube Feeds

Does the student require texture modification? If so please indicate below:

☐ **Ground** ☐ **Chopped** ☐ **Pureed** ☐ **Tube Feeding** ☐ **Other**__________ **Formula Name:**____________________

Additional Comments:____________________

Diet Prescription

☐ **Diabetic** (include an attached meal plan) ☐ **Reduced Calories** ☐ **Increased Calories**

Duration of special diet/restriction: ____________ Weeks____________ Months____________ **Until August 2021**

Physician/Medical Authority:

I certify that the student noted above needs special school meals prepared as described above because of the student's disability or chronic medical condition.

Physician's Name (Print):____________________ Signature:____________________

Office Phone Number:____________________ Date:____________________

I give permission for the school staff to follow the above nutrition plan. I also understand that if my child's medical or health needs change, it is my responsibility to notify the school office and also have the medical authority complete a new Special Diet request form. I give permission to the District Dietitian and or campus nurse to directly contact ordering physician regarding diet or medical condition noted.

Parent/Guardian Name (Print):____________ Signature: ____________ Phone Number:____________ Date:__________

Please fax information to **School Nurse:**____________________

It can take up to 2-3 days to implement. However, at the beginning of the school year the Special Diet Forms may take longer to process and implement due to the high number of requests that we receive during this time.

YEARLY RENEWAL REQUIRED

Date Received:__________ Date Implemented:__________ Order Modified:__________ Order Discontinued:__________

CNP Registered Dietitian Signature:____________________ Date:__________

USDA regulations require any substitutions or modifications to school meals for children whose disabilities restrict their diets to be supported by a statement signed by a licensed physician. The physician's statement must identify: (1) The child's disability and an explanation of why the disability restricts the child's diet; (2) The major life activity affected by the disability;(3) The food or foods to be omitted from the child's diet.

PLEASE NOTE: Food allergy or food intolerance is not considered a disability under USDA's non-discrimination regulations unless, in the physician's assessment, the allergy may lead to severe, life-threatening reactions. Diet prescriptions from Mexico will not be accepted in accordance with USDA Child Nutrition Program Regulations.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

De conformidad con la Ley Federal de Derechos Civiles y los reglamentos y políticas de derechos civiles del Departamento de Agricultura de los EE. UU. (USDA, por sus siglas en inglés), se prohíbe que el USDA, sus agencias, oficinas, empleados e instituciones que participan o administran programas del USDA discriminen sobre la base de raza, color, nacionalidad, sexo, discapacidad, edad, o en represalia o venganza por actividades previas de derechos civiles en algún programa o actividad realizados o financiados por el USDA. Las personas con discapacidades que necesiten medios alternativos para la comunicación de la información del programa (por ejemplo, sistema Braille, letras grandes, cintas de audio, lenguaje de señas americano, etc.), deben ponerse en contacto con la agencia (estatal o local) en la que solicitaron los beneficios. Las personas sordas, con dificultades de audición o discapacidades del habla pueden comunicarse con el USDA por medio del Federal Relay Service [Servicio Federal de Retransmisión] al (800) 877-8339. Además, la información del programa se puede proporcionar en otros idiomas. Para presentar una denuncia de discriminación, complete el Formulario de Denuncia de Discriminación del Programa del USDA, (AD-3027) que está disponible en línea en: http://www.ascr.usda.gov/complaint_filing_cust.html y en cualquier oficina del USDA, o bien escriba una carta dirigida al USDA e incluya en la carta toda la información solicitada en el formulario. Para solicitar una copia del formulario de denuncia, llame al (866) 632-9992. Haga llegar su formulario lleno o carta al USDA por: (1) correo: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; o (3) correo electrónico: program.intake@usda.gov. Esta institución es un proveedor que ofrece igualdad de oportunidades.