



# Mexia ISD 2017-2018

## Special Diet Information & Procedures



Fax Annual Special Diet Form to Child Nutrition Office (Attn: Craig Hempel) at (254) 562-5508.

Food Service and Health Services have collaborated to devise a procedure and form for ordering special dietary modifications for students. This procedure was developed to insure that students receive adequate nutrition and schools have the equipment and supplies necessary to meet their needs.

### Rehabilitation Act of 1973 and the Americans with Disabilities Act

Under Section 504 of the *Rehabilitation Act of 1973*, and the *Americans with Disabilities Act (ADA)* of 1990, a "person with a disability" means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment. The term "physical or mental impairment" includes many diseases and conditions, a few of which may be 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; specific learning disabilities; HIV disease; and tuberculosis. 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. When nutrition services are required under a child's IEP, school officials need to make sure that child nutrition staff are involved early on in decisions regarding special meals. The Individualized Education Program (IEP) is the written document that contains the program of special education and related services to be provided to a child with a disability covered under the Individuals with Disabilities Education Act (IDEA).

### Physician's Statement for Children with Disabilities

USDA regulations 7 CFR Part 15b require substitutions or modifications in school meals for children whose disabilities restrict their diets. When food allergies result in severe, life threatening (anaphylactic) reactions, the child's condition would meet the definition of "disability". A child with a disability must be provided substitutions in foods when that need is supported by a statement signed by a licensed physician. The physician's statement must identify:

- The child's disability;
- An explanation of why the disability restricts the child's diet;
- The major life activity affected by the disability;
- The food(s) to be omitted from the child's diet and the food or choice of foods that must be substituted;
- Specific substitutions needed must be specified in a statement signed by a licensed physician.

### Menu Modifications for Children with Disabilities

Children with disabilities who require changes to the basic meal are required to provide documentation with accompanying instructions from a licensed physician. This is required to ensure that the modified meal is reimbursable, and to ensure that any meal modifications meet regulated nutrition standards which are medically appropriate for the child.

### Serving the Special Dietary Needs of Children without Disabilities

Children without disabilities, but with special dietary needs requiring food substitutions or modifications, may request that the school food service meet their special nutrition needs.

While school food authorities are encouraged to consult with recognized medical authorities, where appropriate, **schools are not required to make modifications to meals based on food choices of a family or child regarding a healthful diet. This provision covers those children who have food intolerances or allergies but do not have life-threatening reactions (anaphylactic reactions) when exposed to the food(s) to which they are allergic.**

Requests for special diet modifications should begin with the campus nurse. At the beginning of school, the nurse will need to identify the students who have special dietary needs. Then the nurse will obtain written guidelines from student's medical authority using the Food Service Special Diet form found attached. Contact Food Services when accurately completed forms are received.



# Mexia ISD 2016-2017

## Annual Special Diet & Medication Form



☐ New ☐ Renewal ☐ Change/Modify ☐ Temporary (End Date: \_\_\_\_\_)

### STUDENT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Student ID Number: \_\_\_\_\_ Age: \_\_\_\_\_ Male / Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

### MEDICAL INFORMATION

Per the United States Department of Agriculture, a person with a yearly food disability is any such person who has an impairment that substantially limits one or more life activities. By definition this includes but is not limited to diabetes, PKU, celiac disease, food anaphylaxis, learning disabilities, and etc.

#### **THIS SECTION MUST BE COMPLETED BY A LICENSED PHYSICIAN ONLY.**

Patient Diagnosis/Medical Condition: \_\_\_\_\_

Is patient diagnosis considered a disability? \_\_\_\_\_ YES \_\_\_\_\_ NO (**DR. INITIAL ONLY**)

If yes, please describe major life activities affected in relation to dietary modification: \_\_\_\_\_

Texture Modification: ☐ Soft ☐ Minced ☐ Pureed ☐ Other (please be specific): \_\_\_\_\_

Does patient have a life threatening food allergy? \_\_\_\_\_ YES \_\_\_\_\_ NO (**DR. INITIAL ONLY**) If so,  
which specific allergens? \_\_\_\_\_

#### **Food Allergies - Please indicate if allergens are life threatening (LT) or mild (M):**

- ☐ Fluid Milk ☐ All Dairy Products ☐ Soy ☐ Eggs ☐ All Products With Eggs (Baked products)  
☐ Wheat ☐ Gluten ☐ Corn ☐ Seafood  
☐ Peanuts ☐ All Nuts  
☐ Other (please be specific): \_\_\_\_\_

Can patient consume allergen as an ingredient in food product? \_\_\_\_\_ YES \_\_\_\_\_ NO (**DR. INITIAL ONLY**) Please  
indicate which allergens may be consumed in a food product: \_\_\_\_\_

List Allergic Symptoms: \_\_\_\_\_

### Administration of Medication at School For Treatment of Allergic Reactions

Allergic Symptoms	Medication	Dosage & Route	Self Carry (DR. INITIAL ONLY)

Physician Name: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form must be renewed each school year. Any change of treatment must be requested in writing on this form. Once form is submitted, please allow up to five days for processing. Send completed forms to campus nurse & Food Service Office (254)562-4038, fax (254)562-5508.

By signing below, I understand that it is my responsibility to renew this form before each school year and anytime my child's medical or health needs change.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_