



# LITTLEFIELD



## INDEPENDENT SCHOOL DISTRICT

### HOME OF THE FIGHTING WILDCATS

1207 East 14<sup>th</sup> Street ♦ Littlefield, Texas ♦ 79339  
Phone 806-385-4150 ♦ Fax 806-385-4195

### SPECIAL DIETARY ACCOMMODATIONS FORM

The U.S. Department of Agriculture's (USDA) nondiscrimination regulation (7 CFR 15b), 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.

#### Physician's Statement for Children with Disabilities

USDA regulations 7CFR Part 15b require substitutions or modifications in school meals for children whose disabilities restrict their diets. 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 or foods to be omitted from the child's diet, and the food or choice of foods that must be substituted.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade/Teacher: \_\_\_\_\_ Campus: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Child's Disability: \_\_\_\_\_

Why the disability restricts the child's diet: \_\_\_\_\_

Major life activity affected by disability: \_\_\_\_\_

Foods to be omitted from child's diet: \_\_\_\_\_

Foods to be substituted for omitted foods: \_\_\_\_\_

#### Physician Information:

Name: \_\_\_\_\_ Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

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

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

Signature of Campus Nurse \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Cafeteria Manager \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Homeroom Teacher \_\_\_\_\_ Date: \_\_\_\_\_

**SCHOOL NURSE WILL KEEP A COPY IN THE CLINIC, AND SEND A COPY TO THE CAFETERIA MANAGER, AND  
HEALTH SERVICE COORDINATOR**