

SPECIAL DIET REQUEST FORM

This form must be filled out completely BEFORE any dietary modifications or substitutions can be made.

- ☐ New Dietary Request
☐ Renew Existing Special Diet

☐ Change/Modify an Existing Special Dietary Request
☐ Temporary Diet Order (Start Date _____ End Date _____)

Part A To be filled out by parent/guardian		
Student Name		DOB
Name of School	Student Grade	Student ID#
Part B To be filled out by a Texas licensed doctor, nurse practitioner or physician assistant with prescriptive authority		
Diagnosis or condition which restricts diet:		
Does the child have a disability? ☐ Yes ☐ No	If YES, describe the major life activities affected by the disability and why the disability restricts the child's diet.	
☐ Food Allergy	List food allergens and restrictions: _____ ☐ Avoidance only OR ☐ Substitute with: _____ _____ ☐ Avoidance only OR ☐ Substitute with: _____ _____ ☐ Avoidance only OR ☐ Substitute with: _____ _____ ☐ Avoidance only OR ☐ Substitute with: _____ _____ ☐ Avoidance only OR ☐ Substitute with: _____	
☐ Food Intolerance	List foods not tolerated and restrictions: _____ ☐ Avoidance only OR ☐ Substitute with: _____ _____ ☐ Avoidance only OR ☐ Substitute with: _____ _____ ☐ Avoidance only OR ☐ Substitute with: _____ _____ ☐ Avoidance only OR ☐ Substitute with: _____	
☐ Lactose Intolerance	☐ No Fluid Milk (<u>only</u> fluid milk restricted) ☐ Milk as ingredient in baked foods ☐ No Dairy Products (includes cheese, ice cream, yogurt & all milk-containing products) Milk substitution required? ☐ No ☐ Yes, specify type: _____	
☐ Texture Modifications Required	Liquids: ☐ Thin ☐ Nectar ☐ Honey ☐ Pudding Solids: ☐ Mechanical Soft-Chopped ☐ Mechanical Soft-Ground ☐ Pureed ☐ Other: _____	
List any special feeding equipment or utensil(s) needed:		
<i>I understand it is my responsibility to renew this form anytime my child's medical needs change. I authorize Child Nutrition or the School Nurse and the signing physician/medical authority to confidentially discuss or clarify this special diet request.</i>		
Parent Signature _____ Phone # _____ Date _____		
Print/Stamp Physician Name:	Physician Signature	Date
For School Staff Use Only		
Date sent to Cafeteria Manager	Date Form sent to Child Nutrition Office/Director	

Return completed form to school nurse.

REQUESTING SPECIAL DIETARY MODIFICATIONS FOR STUDENTS

The procedure below was developed to ensure that students receive adequate nutrition and that schools have the equipment and supplies necessary to meet their needs.

1. To request any dietary modifications or substitutions to school meals, complete the *Special Diet Request Form*. (See School Nurse)
2. Part A of the *Special Diet Request Form* must be completed by the parent/guardian.
3. **Part B must be completed by a licensed physician, nurse practitioner or physician's assistant that have authorization to write prescriptions in the state of Texas (Part B).**
4. The completed form must be returned to the school nurse. Please allow a minimum of one week for the *Special Diet Request Form* to be processed. If your child has specific nutritional needs, please provide him or her with a nutritious breakfast and lunch until arrangements for the special diet request have been made. Upon completion, the specialized menus will be forwarded to the cafeteria manager and school nurse.
5. In an effort to meet the student's current needs, the *Special Diet Request Form* should be updated any time there is a change in the child's condition affecting their diet.

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 the decisions regarding special meals.

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. 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/or the food or choice of foods that must be substituted
- specific substitutions needed must be specified in a statement signed by a licensed physician

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 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 Child Nutrition Department meet their special nutrition needs.

- The Child Nutrition Department will decide these situations on a case-by-case basis. Documentation with accompanying information must be provided by a licensed physician/recognized medical authority and school food authorities are encouraged to consult with the physician/medical authority as needed.
- Schools are not required to make modifications to meals based on food choices of a family or child regarding a healthful diet.
- Students are not required to take milk. There is also a choice of water daily.

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) "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 impairment or is regarded as having such impairment. 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 PKU; food anaphylaxis; mental retardation; emotional illness; drug addiction and alcoholism. 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.