

Meal Modification Policy

MEAL SUBSTITUTIONS FOR MEDICAL OR SPECIAL DIETARY REASONS

We are committed to keeping all of our students healthy and safe. If your child has an allergy to a certain food, a doctor's note must be submitted to the school nurse who will notify the cafeteria staff of the allergy. We will work with the nurse and you to see that the child has an alternative selection. We are very concerned with keeping all of our students healthy and safe. USDA Regulation 7 CFR part 15b requires 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 signed statement from a licensed physician.

In cases of Food Allergy

Generally, children with food allergies or intolerances do not have a disability as defined under either Section 504 of the Rehabilitation Act or part B of IDEA, and the school food service may, but is not required to, make food substitutions for them. However, when in the licensed physician's assessment, food allergies may result in severe, life-threatening (anaphylactic) reactions, the child's condition would meet the definition of "disability", and the substitutions prescribed by the licensed physician must be made.

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. Such determinations are only made on a case-by-case basis. 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 have problems.

Medical Statement for Children with Special Dietary Needs

Each special dietary request must be supported by a statement explaining the requested food substitution and must be signed by a recognized medical authority. The Medical Statement must include:

- An identification of the medical or other special dietary condition which restricts the child's diet;
- The food or foods to be omitted from the child's diet; and
- The food or choice of foods to be substituted.

If we do not receive a medical statement from a recognized medical authority, your child will receive a regular lunch tray. Medical statements completed by parents or guardians will not be accepted.

Medical Statement for Meal Modification

Important! Carefully read and follow the procedures for requesting a special meal accommodation. The school/site will return incomplete Medical Statements to the parent/guardian. If you have questions about this form, the school/site contact named in Part A below will assist you.

Schools and agencies participating in child nutrition meal programs **MUST** comply with requests for special dietary needs and adaptive equipment at no extra charge for children with a documented disability and/or medical need. If this is a lifethreatening food allergy resulting in anaphylaxis, ensure the Allergy & Anaphylaxis Action Plan form is completed by school/site nursing staff.

Requests for children with a documented medical need: A completed request form must be signed by a licensed physician (MD or DO), advanced practice nurse (APN) with prescriptive authority (RXN), or physician assistant (PA).

The meal modifications will continue until a licensed physician, advanced practice nurse with prescriptive authority or physician assistant requests that the modifications be changed or stopped on the Discontinuation Form, which is available from the school/site. It is strongly recommended that the prescribed diet order is updated annually with a new form.

Part A. Student, Parent/Guardian & School/Site Contact Information – To be completed by a parent/guardian or school/site contact person.				
1. Student's Name:		2. Date of Birth:	3. School/site:	
4. Parent/Guardian's Name:		5. Parent/Guardian's Phone:		
6. School/site Contact's Name:		7. School/site Contact's Phone:		
Part B. Prescribed Diet Order for Children with a Documented Medical Need – This must be completed by a licensed medical professional as specified above. All sections must be completed.				
1. Specify the medical need and how it restricts the child's diet:				
2. What major life activity is affected by this student's medical need? Example: Allergy to peanuts affects ability to breathe.				
3. Type of Special Diet: <input type="checkbox"/> Check if not applicable OR specify the type of special diet (e.g. low sodium, gluten-free, diabetic, etc.)				
4. Modified Texture:	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Chopped	<input type="checkbox"/> Ground	<input type="checkbox"/> Pureed
5. Modified Thickness of Liquids:	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Nectar	<input type="checkbox"/> Honey	<input type="checkbox"/> Spoon or Pudding Thick
6. Special Feeding Equipment: _____ <input type="checkbox"/> Check if not applicable OR list special feeding equipment (e.g. large handled spoon, sippy cup, etc.).				
7. Foods to be Omitted and Substituted: List specific foods to be omitted and substituted. If more space is needed, sign and attach additional sheet of paper.				
Omit Foods Listed Below:		Substitute Foods Listed Below:		
Licensed Physician/Advanced Practice Nurse with Prescriptive Authority/Physician Assistant Information				
Signature:		Title:		
Printed Name		Phone:	Date:	
Parent/Legal Guardian Permission – To be completed by a parent or legal guardian.				
I give permission for school/site personnel responsible for implementing my child's prescribed diet order to discuss my child's special dietary accommodations with any appropriate school/site staff. I also give permission for my child's licensed physician, advanced practice nurse with prescriptive authority or physician assistant to further clarify the prescribed diet order on this form if requested to do so by school/site personnel.				
Parent/Legal Guardian's Signature & Date: _____				

This institution is an equal opportunity provider.