

### SPECIAL DIETARY NEEDS FORM FOR SCHOOL MEALS

The U.S Department of Agriculture’s (USDA) nondiscrimination regulations (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.

*Please complete this form and return to the Child Nutrition Program Director.*

*Email: Child Nutrition Director - [cnp@betaacademy.org](mailto:cnp@betaacademy.org)*

*Fax: 907-312-7332 Attn-CNP Director*

PART A		
Student's Name	Age/Grade	
Name of School	Homeroom Teacher	
Does the child have a disability? If Yes, describe the major life activities affected by the disability.	Yes	No
Does the child have special nutritional or feeding needs? If Yes, complete Part B of this form and have it signed by a licensed physician.	Yes	No
If the child is not disabled, does the child have special nutritional or feeding needs? If Yes, complete Part B of this form and have it signed by a recognized medical authority.	Yes	No
PART B		
List any dietary restrictions or special diet modifications.		
List any food allergies or food intolerances.		
List foods to omit from diet. (Be specific!)		
List foods to be substituted.		
Parent's Signature	Date:	
Physician or Medical Authority's Signature	Date:	

## Guidance for Completing the Special Dietary Needs Form for School Meals

### PART A - PARENT/GUARDIAN

The *Special Dietary Needs Form for School Meals* helps schools provide meal modifications for scholars who require them. Schools cannot change food textures, make food substitutions, or alter a student's diet at school without proper documentation from the healthcare providers. Completion of all items will allow your child's school to create a plan with you for providing safe, appropriate meals to your child while at school.

Your participation in this process is very important. The sooner you provide this signed and completed form to your child's school, the sooner the Child Nutrition Department and their staff can prepare the food your child needs. Your signature is required for your school to take action on the Medical Statement.

Follow these steps to get started:

- 1) Complete all sections of PART A of the Medical Statement.
- 2) Take the Medical Statement to your child's pediatrician or family doctor/nurse practitioner/physician's assistant and have him/her complete PART B.
- 3) Return the fully completed Medical Statement with signatures from both parent/guardian and medical authority, to the child nutrition program director.

### PART B – RECOGNIZED MEDICAL AUTHORITIES (Licensed physician, physician assistant, and nurse practitioner)

A Recognized Medical Authority's signature is *required* for students with a disability. Schools cannot change food textures, make food substitutions, or alter a student's diet at school without proper documentation from the healthcare providers. Meal modifications are implemented based on medical assessment and treatment planning and *must be ordered by a recognized medical authority*.

Please consider the following as you complete PART B of the Medical Statement:

- 1) Complete all sections of PART B. Completion of all items will streamline efficient care of the student at school.
- 2) Be as specific as possible about the nature of the student's physical or mental impairment, its impact on the student's diet and major life activities that are affected. In the case of food allergy, please indicate if the student's condition is a food intolerance, an allergy that would affect performance and participation at school (e.g., severe rash, swelling, and discomfort), or a life-threatening allergy (e.g., anaphylactic shock).
- 3) If your assessment of the child does not yield sufficient data to make a determination about food substitutions, consistency modifications, or other dietary restrictions, please refer the child/family to the appropriate health care professional for completion of the assessment.
- 4) Consider being available to consult with the scholar's child nutrition program director as they implement the feeding/nutrition care plan. **Accommodations will start two weeks after the completed medical statement is returned.**<sup>1</sup>

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