Special Meals Request Form

This form must be filled out completely BEFORE any dietary modifications or substitutions can be made. Schools are not required to make modifications to meals based on food preferences. View menus at nbisd.nutrislice.com/menu.

Student Name		DOB	Grade
School	Parent Email		Student ID

Which meals will your child be eating from the school cafeteria? ☐Breakfast ☐Lunch ☐After school snack

Part A: To be completed and signed by Texas licensed medical doctor, nurse practitioner or physician assistant

Diagnosis or condition:

Does the student have an identified disability requiring a special diet? ☐No Disability
☐Severe Food Allergy (life-threatening) ☐Mild Food Allergy ☐Food Intolerance ☐Disability required modified diet

Medical Provider: Please choose foods to OMIT from the student's diet during the school day. Select all that apply.

Dairy	**Eggs**	**Soy**	**Nuts/Seeds**	**Grains/Gluten**	**Fish/Shellfish**
☐Fluid milk	☐Whole eggs	☐Soy	☐Peanuts	☐Wheat	☐Fish
☐Cheese	☐Egg whites	☐Soy protein	☐Tree nuts	☐Gluten	☐Shellfish
☐Yogurt	☐Egg as an ingredient	☐All menu items with soy	☐Sesame	☐Corn	
☐Ice cream				☐Oats	
☐All dairy products		☐Soybean Oil			
☐Milk as an ingredient					

Other food(s) to OMIT (please specify):_____

LIST SAFE FOOD SUBSTITUTES FOR ITEMS CHECKED ABOVE:

☐Texture Modifications	Liquids: ☐Thin ☐Nectar ☐Honey ☐Pudding Solids: ☐Mechanical Soft-Chopped ☐Mechanical Soft-Ground ☐Pureed ☐Other: _____

List any special feeding equipment or utensil(s) needed:

Physician/Provider Name	Signature	Date

Parent/Guardian Acknowledgment: *I understand it is my responsibility to renew this form any time my child's medical needs change. I understand that any removal of dietary modifications or substitutions must be submitted in writing, and may include a physician statement that the student no longer has the diagnosis or condition listed above. I authorize Child Nutrition or the School Nurse and the signing physician/medical authority to confidentially discuss or clarify this special diet request.*

_____ _____ _____ _____

(Parent/Guardian Signature) **(Print Name)** **(Date)** **(Phone)**

RETURN COMPLETED FORM TO SCHOOL NURSE

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REQUESTING SPECIAL DIETARY MODIFICATIONS FOR STUDENTS

The procedure ensures 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 must be completed and signed by a licensed physician, nurse practitioner or physician's assistant that have authorization to write prescriptions in the state of Texas.**
3. 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.
4. 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 preferences. Families are encouraged to review menus online nbisd.nutrislice.com/menu and make food choices based on your preferences.
- 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 t 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.

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