

East Union Community School District

Parents Hand out for Modified Diet Requests

I. REQUEST FORMS: SPECIAL DIETS

A. Diet Modification Form

1. All requests for special dietary modifications should begin with the school nurse.
2. The nurse may either provide the *Diet Modification Form* or refer parent to the Nutrition Department.
3. Once the completed form is returned, the school nurse will contact the Nutrition Department.
4. If the parents/guardian cannot provide a current statement, a special diet shall not be provided.

B. Physician's Statement for Children with Disabilities

1. USDA regulations 7 CFR Part 15b require substitutions or modifications in school meals for children whose **disabilities** restrict their diets.
2. When food allergies result in **severe, life threatening (anaphylactic) reactions**, the child's condition would meet the definition of "disability".
3. A child with a disability must be provided substitutions in foods when that need is supported by a statement signed by a licensed physician.

C. Reviewing *Diet Modification Form*

1. Once diet is received by the Food Service Director, special diet will be formulated within **10-15 business days**; highly sensitive and restrictive diets may take longer to ensure an appropriate menu is selected.
 - a. **Parent/guardian is to make arrangements to ensure student is provided meals from home during this time.**
 - b. Cafeteria managers cannot make menu modifications without Dietitian consultation; therefore, in the best interest of the student that they bring their own sack lunch/breakfast.

D. Following *Diet Modification Form/Diet Prescription*

1. Nutrition Department staff shall make food substitutions or accommodations for students with those disabilities as specifically outlined (written) in the *Diet Modification Form*.
2. Substitutions for students with disabilities shall be based on a prescription written by a licensed physician.
3. Under no circumstances is school nutrition department staff to interpret, revise, or change a diet prescription or medical order.
4. Best Practice: School nurse is to print out school menu for parent/guardian to review and take to physician to specify items to be omitted.
5. If a student has a milk allergy, Pearl Soy milk will be substituted for regular cow's milk.
 - a. Water and juice may NOT be substituted for cow's milk.
 - b. As per USDA regulations 8 ounces or 1 cup of fluid milk is a required component of the school lunch & breakfast pattern.
 - c. **Estimated time of menu modifications implementation is 5-7 business days.**
 - d. Cafeteria managers cannot make menu modifications without Dietitian consultation; therefore, in the best interest of the student that they bring their own sack lunch/breakfast.

II. CHILDREN WITHOUT DISABILITIES

1. **Children without disabilities**, but with special dietary needs requiring food substitutions or modifications, may request that the school food service meet their special nutrition needs.
 - a. The food service director will decide these situations on a case-by-case basis.
 - b. *Diet Modification Form* must be provided by a recognized medical authority.
 - c. While school food authorities are encouraged to consult with recognized medical authorities, where appropriate, schools are not required to make modifications to meals based on food choices of a family or child regarding a healthful diet.
 - d. **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 are allergic.**
2. **Lactose Intolerant**
 - a. *If a student is lactose intolerant, a Diet Modification Form is required and Pearl soy milk will be substituted for regular cow's milk.*
 - b. As per USDA regulations 8 ounces or 1 cup of fluid milk is a required component of the school

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lunch & breakfast pattern.

- c. No other beverage (juice, ice tea, or soda), nor food (ice cream, cottage cheese, or yogurt), can be substituted for this required component.

III. REMOVAL OF SPECIAL DIET

1. Liability Statement

- a. If at any time parent/guardian feels that it is the best interest of the student to be removed from the *Diet Modification form* by his/her physician parent/guardian should submit a signed letter stating so and that they release the school from any liability in doing so.
- b. This statement releases the school district from any liability if student is to have an adverse affect due to not following his/her prescribed diet.
- c. Once a signed statement is submitted to the school nurse by parent it shall be forwarded to the Food Service director. The director will then inform the manager to stop implementing special diet for that student.

IV. SUMMARY OF RESPONSIBILITIES

1. Parent/Guardian's Responsibility

- a. Obtain Modified Diet Form from school nurse or Nutrition Department website
- b. Return all completed forms back to school nurse.
- c. Provide sack meals for breakfast/lunch until special accommodations are made.
- d. Provide updated forms annually even if special accommodations remained the same as the previous year.

2. Student's Responsibility

- a. Will not trade food with others.
- b. Will not eat anything with unknown ingredients or known to contain any allergen.
- c. Will be proactive in the care and management of the food allergies and reactions based on their developmental level.
- d. Will notify an adult if they eat something they believe may contain food to which they are allergic.

Diet Modification Request Form

Modifications are required by The United States Department of Agriculture (USDA) to accommodate a disability. Under Section 504, the ADA, and Departmental Regulations of 7 CFR part 15b define a person with disability as 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 an impairment. **“Major life activities” are broadly defined and include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. “Major life activities” also include operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.**

This form must be completed by a “medical authority” that is authorized by state law to write medical prescriptions: In Iowa this includes only Medical Doctors (MD), Doctors of Osteopathic Medicine (DO), Physician’s Assistants (PA), or Advanced Registered Nurse Practitioners (ARNP).

Return the completed form to your organization or provider: _____
(Head Start, Summer Meal Provider, Day Care, Home Provider, or School)

Participant’s Name: _____ Birth Date: _____ Grade: _____

Parent/Guardian: _____
(Name) (Phone or email)

1) Describe the medical need related to the diet order and “major life activity” (see above) affected.
Example: Allergy to peanuts affects ability to breathe.

2) Explain what must be done to accommodate the medical need:

Food(s) or Formula to Omit:	Food(s) or Formula to Substitute:

Complete the back to provide additional details

Modified Texture: Not Applicable Chopped Ground Pureed
Modified Thickness of Liquids: Not Applicable Nectar Honey Spoon or Pudding Thick
Special Feeding Equipment: Not Applicable Equipment Needed: _____
(Example: large handled spoon, sippy cup, etc.)

Infants under one year of age must receive iron-fortified infant formula or breast milk unless a Diet Modification Request Form is on file.

Licensed prescribing medical professional: _____
(Name, print or type) (Title)

(Signature of medical professional) (Date)

The program must make accommodations for disabilities. Accommodation is encouraged for other medical conditions.

The parent/guardian may request a nutritionally equivalent substitute for fluid milk without direction from a medical professional. This site chooses to offer this nutritionally equivalent product: _____. Check here if you would like to request the milk substitute listed in place of fluid milk and list the reason for the request.

USDA allows a parent/guardian to supply substitute foods. Check here if you wish to provide the substitute foods:

Parent/Guardian signature: _____ Date: _____
(To document choices and permission to share with appropriate staff as needed to make accommodations.)

USDA is an equal opportunity employer and provider.

Check the box in front of food groups that should NOT be served and list the foods to be served instead.

<p>Lactose/milk – Do not serve the items checked below:</p> <p><input type="checkbox"/> Fluid milk as a beverage or on cereal? ¼ cup of fluid milk to be used on cereal? __yes __no</p> <p><input type="checkbox"/> Yogurt</p> <p><input type="checkbox"/> Milk based desserts such as ice cream and pudding</p> <p><input type="checkbox"/> Hot entrees with cheese as a prime ingredient such as grilled cheese, cheese pizza, or macaroni & cheese</p> <p><input type="checkbox"/> Cheese baked in products such as a casserole or on meat pizza</p> <p><input type="checkbox"/> Cold cheese such as string cheese or sliced cheese on a sandwich</p> <p><input type="checkbox"/> Milk in food products such as breads, mashed potatoes, cookies or graham crackers</p>	<p>Serve these items instead:</p>
<p>Soy - Do not serve the items checked below:</p> <p><input type="checkbox"/> Protein products extended with soy</p> <p><input type="checkbox"/> Processed items cooked in soy oil</p> <p><input type="checkbox"/> Food products with soy as one of the first three ingredients</p> <p><input type="checkbox"/> Food products with soy listed as the fourth ingredient or further down the list</p>	<p>Serve these items instead:</p>
<p>Egg - Do not serve the items checked below:</p> <p><input type="checkbox"/> Cooked eggs such as scrambled eggs or hard cooked eggs served hot or cold</p> <p><input type="checkbox"/> Eggs used in breading or coating of products</p> <p><input type="checkbox"/> Baked products with eggs such as breads or desserts</p>	<p>Serve these items instead:</p>
<p>Seafood – Do not serve the items checked below:</p> <p><input type="checkbox"/> Fish (Cod, tuna, tilapia, haddock, salmon, etc.)</p> <p><input type="checkbox"/> Shrimp</p> <p><input type="checkbox"/> Other: _____</p>	<p>Serve these items instead:</p>
<p>Peanuts – Do not serve the items checked below:</p> <p><input type="checkbox"/> Peanuts, individually or as an ingredient</p> <p><input type="checkbox"/> Foods containing peanut oil</p> <p><input type="checkbox"/> Foods items identified as manufactured in a plant that also handles peanuts</p>	<p>Serve these items instead:</p>
<p>Tree nuts – Do not serve the items checked below:</p> <p><input type="checkbox"/> All nuts</p> <p><input type="checkbox"/> Food items identified as manufactured in a plant that also handles nuts</p> <p><input type="checkbox"/> Other: _____</p>	<p>Serve these items instead:</p>
<p>Grains – Do not serve the items checked below:</p> <p><input type="checkbox"/> Foods containing wheat</p> <p><input type="checkbox"/> Foods containing gluten</p> <p><input type="checkbox"/> Oats</p> <p><input type="checkbox"/> Other: _____</p>	<p>Serve these items instead:</p>