#### Accommodating Children with Special Dietary Needs in School Nutrition Programs

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 or foods to be omitted from the child's diet, and the food or choice of foods that must be substituted.

### Medical Statement for Children with Special Dietary Needs

Each special dietary request must be supported by a statement, which explains the food substitution that is requested. It 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.
- \* Substitutions or modifications for children with disabilities must be based on a prescription written by a licensed physician.
- \* Substitutions for children without disabilities, with medically certified special dietary needs must be based on a statement by a recognized medical authority.

# Under no circumstances are school food service staff to revise or change a diet prescription or medical order.

It is important that the family understand that the school is unable to provide food substitutions or modifications without an adequate diet order or diet prescription.

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### **EVALUATION: CHILDREN WITH SPECIAL DIETARY NEEDS**

Student's Name		Age	Age		
School	Grade		Homeroom		
	Grade				
Does the child have a disability?		Y	es	No	
Explanation of why the disability restricts the child's diet.					
Explanation of why the disability restricts the clinic s diet.					
Major life activity affected by the disability					
			es	No	
Does the child have special dietary needs?			03	110	
If Yes, complete Part B of this form and have it signed by a licensed physician.					
If the child is not disabled, but does have special dietary need, complete Part B of this			es	No	
form and have it signed by a recognized medical authority.					
PART B					
Food or Foods to be omitted from the child's diet					
Foods to be substituted					
1 oods to be substituted					
List any special equipment or utensils that are needed.					
Indicate any other comments/ concerns about the child's dietary needs					
Parent's Signature		D	ate:		
Physician or Medical Authority's Signature		D	ate:		

## Under no circumstances are school food service staff to revise or change a diet prescription or medical order.

It is important that the family understand that the school is unable to provide food substitutions or modifications without an adequate diet order or diet prescription. Form must be complete with foods to be omitted and with food to be substituted in place of the omitted item.

If child no longer needs a meal modification/accommodation, parent /guardian must furnish a dated, signed statement indicating modification/accommodation is no longer needed before the modification/accommodation will end.

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