

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.

Lake Local Schools – Food Service and Child Nutrition - Chris Wilson
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EVALUATION: CHILDREN WITH SPECIAL DIETARY NEEDS

Student's Name		Age	
School	Grade	Homeroom	
Does the child have a disability?		Yes	No
Explanation of why the disability restricts the child's diet.			
Major life activity affected by the disability			
Does the child have special dietary 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, but does have special dietary need, complete Part B of this form and have it signed by a recognized medical authority.		Yes	No
PART B			
Food or Foods to be omitted from the child's diet			
Foods 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		Date:	
Physician or Medical Authority's Signature		Date:	

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.

Updated evaluation form must be completed with any changes to diet prescription or medical orders and at the beginning of each school year

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