

# Instructions for Accommodating Children with Special Dietary Needs

## In School Nutrition Programs

### Definitions

- **A Person with a Disability or Medical Need:** a 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.
- **Major Life Activities:** can 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, working and operation of major bodily functions, including functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

USDA Guidelines	Form Instructions
<p><u>Requests for children with a disability AND a documented medical need for a meal accommodation:</u> Schools and agencies participating in federal nutrition programs <b>MUST</b> comply with requests for special dietary needs and for adaptive equipment at no extra charge for children with a documented disability and medical need. A completed request form signed by a <i>state-licensed healthcare professional</i> (a medical professional who can write prescriptions) must be provided to the SFA. Efforts should be made for meals with prescribed food substitutions/omissions to meet meal pattern requirements but it is not required.</p>	<ol style="list-style-type: none"> <li>1. Complete Sections A &amp; B.</li> <li>2. Provide a description of physical or mental impairment and how it restricts the diet.</li> <li>3. Explain how disability must be accommodated:               <ol style="list-style-type: none"> <li>a. Food(s) to be omitted</li> <li>b. Recommended food substitutes/alternatives</li> <li>c. Texture accommodations</li> <li>d. Adaptive Equipment Needed</li> <li>e. Other accommodations as required.</li> </ol> </li> <li>4. Obtain signature of state-licensed healthcare provider completing Section B.</li> </ol>
<p><u>Requests for children without a disability or a medical need for a meal accommodation:</u> Schools and agencies participating in federal nutrition programs <b>MAY</b> comply with requests for medical conditions or for religious or moral convictions. Accommodations will be made on a case-by-case basis. Meals provided must comply with meal pattern requirements in order to be claimed.</p>	<ol style="list-style-type: none"> <li>1. Complete Sections A &amp; C.</li> <li>2. Explain request for dietary restriction.               <ol style="list-style-type: none"> <li>a. Food(s) to be omitted.</li> <li>b. Recommended food substitutes/alternatives.</li> <li>c. Texture accommodations.</li> <li>d. Other accommodations requested.</li> </ol> </li> <li>3. Signature of parent/guardian completing Section C.</li> </ol>
<p><u>Requests for Fluid Milk Substitutions:</u> Schools and agencies participating in federal nutrition programs <b>MAY</b> accommodate complete requests for a non-medical special dietary need with a USDA-approved milk substitute. Juice and water cannot be substituted for fluid milk as part of the reimbursable meal. However, any student may select a meal without milk under OVS. A milk substitute request can be made by a medical authority or parent/guardian.</p>	<ol style="list-style-type: none"> <li>1. School/school district completes section D as needed.</li> <li>2. Parent/guardian completes Sections A &amp; D.</li> <li>3. Signature of parent/guardian completing Section D.</li> </ol>

### **Parent Responsibility:**

- Notify the school of any food allergy, disability or special dietary need.
- Provide the Medical Statement completed by a State recognized medical authority (disability or medical need), or the parent (non-disability or medical need and fluid milk request).
- Participate in any meetings or discussions regarding the student’s dietary needs.
- Notify the school of any changes relating to the special dietary need (a new Medical Statement is required if the diet changes).

**School Food Service Responsibility:**

- Provide food substitutions for students according to the Medical Statement. The school food service staff may not revise or change a diet prescription or order.
- Provide training to cafeteria personnel on how to properly accommodate students with special dietary needs. Maintain documentation of the trainings.
- Communicate with parents, staff, and medical authorities regarding diet modifications.
- Maintain a Medical Statement on each student with a special dietary need. Diet orders are not required to be renewed on a yearly basis; however, it is highly recommended that the food service confirm that the diet order has not changed. If there are any changes, a new Medical Statement is required. If the school is opting to make a milk substitute available for non-disabling or non-medical needs, the milk substitute must meet USDA nutrient standards for a milk substitute for the meal to be reimbursable.
- Inform parents/guardians of the procedure for requesting meal accommodations and process for resolving disputes related to the meal accommodation request.

**School Nurse Responsibility:**

- Collaborate with the food service director, school staff, parents and medical authorities to appropriately share pertinent information, obtain a copy of the Medical Statement, and accommodate students with special dietary needs.
- Develop medical plan of care as appropriate.

**Other Federal Regulations:**

- Based upon Federal laws that prohibit discrimination and ensure equal access to education, some students may have instructions for accommodating their special needs written into a 504 Plan or an Individualized Education Plan (IEP). Typically, a team consisting of the school professionals and the parents collaborate to develop these plans. If the 504 plan or IEP involves special dietary needs, the food service director should be involved.

**Additional Resources:**

- **Policy Memorandum on Modifications to Accommodate Disabilities in the School Meal Programs:** <https://www.fns.usda.gov/policy-memorandum-modifications-accommodate-disabilities-school-meal-programs>
- **USDA's Accommodating Children with Special Dietary Needs in the School Nutrition Programs:** [https://www.fns.usda.gov/sites/default/files/special\\_dietary\\_needs.pdf](https://www.fns.usda.gov/sites/default/files/special_dietary_needs.pdf)
- **Q&As - Milk Substitution for Children with Medical or Special Dietary Needs (Non-Disability):** <https://www.fns.usda.gov/qas-milk-substitution-children-medical-or-special-dietary-needs-non-disability>
- **Food Allergy and Anaphylaxis Network:** <http://www.foodallergy.org>
- **Managing Food Allergies in School Nutrition Programs:** <http://www.theicn.org/ResourceOverview.aspx?ID=507>
- **CDC Food Allergies in Schools:** <https://www.cdc.gov/healthyschools/foodallergies/index.htm>

# Medical Statement to Request Special Meals, Accommodations, and Milk Substitutes

**Note: Please return this form to the student's school district and/or school in which they are enrolled.**

<b>Section A: Student Information</b>			
<i>Completed by parent/guardian</i>			
Student's Name:	Date of Birth		
Name of School:	Grade Level:		
Parent/Guardian Name	Address, City, State, Zip Code		
Daytime Phone:			
Evening Phone:			
<b>Section B: Request for Modifications/Substitutions Due to Disability or Medical Need</b>			
<i>Completed and signed by a recognized medical authority, including phone number of office name and address.</i>			
<input type="checkbox"/> Student has a disability or medical need which requires a special meal or accommodation. <ul style="list-style-type: none"> <li>Please describe the physical or mental impairment and how it restricts the diet:</li> <li>Diet Prescription and/or accommodation (please describe in detail to ensure proper implementation):</li> <li>Specific foods to be omitted and substituted. You may attach additional sheets as needed:</li> </ul>			
Foods to be Omitted		Foods to be Substituted	
<ul style="list-style-type: none"> <li>Indicate Texture:    <input type="checkbox"/> Regular      <input type="checkbox"/> Chopped      <input type="checkbox"/> Ground      <input type="checkbox"/> Pureed</li> <li>Adaptive Equipment Needed: _____</li> </ul>			
Signature of Medical Authority	Printed Name	Telephone #	Date
		Address	
<b>To be completed by the SFA:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Additional Information Needed</li> <li><input type="checkbox"/> Comments:</li> </ul>			



**Section C: Requests for Children Without a Disability or a Medical Need**

*Completed and signed by a parent/guardian*

Student does NOT have a disability or medical need but is requesting a special meal accommodation due to food intolerances, preferences, or religious or moral convictions.

- Please describe the meal modification request (*these requests are optional for schools to make*):
- Request for specific foods to be omitted and substituted. You may attach additional sheets as needed:

Foods to be Omitted	Foods to be Substituted

Signature of Parent/Guardian	Printed Name	Telephone #	Date
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**To be completed by the SFA:**

Additional Information Needed

Comments:

**Section D: Request for Fluid Milk Substitutions (non-disability or medical need)**

*Completed by parent/guardian*

School/school district does not make milk substitutes available to students with non-disabling special dietary needs. Do not complete Section D.

School/school district provides \_\_\_\_\_ as a milk substitute to students with non-disabling or medical needs.

Does the child have a non-disabling medical or special dietary need that restrict intake of fluid milk?     Yes     No

Signature of Parent/Guardian	Printed Name	Telephone #	Date
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**To be completed by the SFA:**

Additional Information Needed

Comments: