



Laramie County School District 1 Medical Statement to Request a Special Diet

A. Parent/Guardian: Complete Items 1 - 7 (* = Required)

1)*Print Student's Last Name:	2)*Print Student's First Name:	3)*Date of Birth:	4)*Circle Meals Eaten at School: Breakfast Lunch Snack
5)*Name of School:	6)*Print Name of Parent/Guardian:	7)* Parent/Guardian Phone Number(s): Home: () _____ Cell: () _____	

I give Health Services/Nursing/Nutrition Services permission to speak with the Health Care Provider below to discuss the dietary needs described below.

Parent/Guardian Signature: _____ Date: _____

B. HEALTH CARE PROVIDER ONLY: Complete Items 8 – 18 (* = Required)

8)* Does the student have a disability, medical condition or severe life threatening food allergy warranting a special diet? The disability or medical condition must limit a major life activity such as breathing or learning, and the food allergy must result in a reaction that is life-threatening and/or severely impacts the student's ability to function in school.

Please check one of the following before proceeding to #9:

- NO. If "NO", You may not need this form. See milk allergy/intolerance section if applicable.
 YES. If "YES", continue to complete the remainder of this form.

9)* List Diagnosis, Disability, Medical Condition, or Severe Food Allergy: Briefly describe the major life activity (e.g. breathing, learning) affected by the disability or severe and/or life-threatening reaction resulting from food allergy.

10)* Diet Prescription/Order: *(Specify critical levels/amounts [e.g. "Give 10 grams protein per meal"])*

- Diabetic Breakfast CHO _____ g Lunch CHO _____ g
 Cardiac Fat _____ g Na _____ g Renal K _____ g Na _____ g Phos _____ mg
 Sodium Restriction Na _____ g PKU Protein _____ g
 High Calorie High Protein (Daily requirements) Kcal _____ Protein _____ g

11) Texture Modification: If needed, circle one appropriate for the student: CHOPPED GROUND PUREED
 Is there a swallow study to verify requested modification? Yes No

12)* Anaphylactic and/or Life Threatening Food Allergy (Do not include minor intolerances/milk allergies/food preferences):

- Celiac Disease Other _____
 Peanut/Nut Allergy Other _____
 Other medical diet order (not for minor intolerances/milk allergies/preferences): _____

Please Provide Additional Page(s) to Indicate **Food(s) to be Omitted and Suggested Substitution(s)**, Special Equipment/Utensils Needed, and Comments Regarding Eating or Feeding Patterns: **To Accommodate Disability – Not for Food Preferences**

13)*Health Care Provider's Signature:	14)*Print Health Care Provider's Name:	15)*Health Care Provider License #:
16)*Health Care Provider's Phone #:	17)*Date:	18) Name/Phone # of Registered Dietitian following student:

For Milk Allergies/Intolerances Only

Milk/Allergies and Intolerances: (No health care provider signature required, parent/guardian signature required)

My child does not have a disability. I would like to have a milk allergy and/or intolerance noted on my child's lunch account. I understand that my child will not be allowed to accept items checked below. I also understand that juice is not an appropriate nutritional substitute for milk and will not be provided as a replacement for milk because of my child's intolerance.

- Please indicate foods to be omitted:** Fluid Milk Uncooked Cheese Yogurt Ice Cream Sour Cream
 Condiments with Dairy (e.g. Ranch dressing) All foods with cooked cheese (e.g. Pizza)
 All foods with dairy listed as an ingredient Other (specify): _____

Parent/Guardian Signature: _____ Date: _____

Incomplete forms will not be processed. Copies to: Nutrition Services Campus Nurse

Instructions for: Medical Statement to Request Special Meals, Accommodations, and Milk Substitutions

This form must be kept on file at the school site and at Nutrition Services office. The following instructions are provided to assist in completing this form. If you have specific questions, please contact Nutrition Services at 307-771-2440.

Complete questions 1-7 with general student information. Please sign beneath question #7 to authorize Nutrition Services or Nurse to contact Health Care Provider if there are any questions about completed form.

Question 8. Check One: Check (✓) a box to indicate whether a student has a disability or medical condition with severe life threatening food allergy. If student does not have a life threatening food allergy, proceed to milk allergy/intolerance section. If student has a life threatening food allergy or disability warranting a special diet, refer form to a **Health Care Provider*** to have questions 8-18 completed.

***Health Care Providers** include Physicians, Physician Assistants (PA), Nurse Practitioners, Dentists, Podiatrists, and Speech-Language Pathologists. We cannot accept this form from other medical providers such as Chiropractors.

Health Care Provider Instructions:

Question 9: List the disability or medical condition requiring a special diet order. Describe the medical condition. (e.g., juvenile diabetes, allergy to peanuts, PKU, etc.) Describe how the physical or medical condition affects the disability. For example, "Allergy to peanuts causes a life-threatening reaction."

Question 10: If Student has a disability, or medical condition requiring diet order; please indicate medical diet order based on assessment of student. If order left blank, USDA guidelines will be followed.

Question 11: Designate any required texture modifications: Check box to indicate whether texture modification is based on swallow evaluation.

Question 12: If life threatening allergy is cause for modification/diet order; simply check medical condition or designate condition. List specific foods to be omitted and substituted. Attach a sheet with additional information if needed.

Questions 13-18: Complete with Health Care Provider information. Health Care Provider signature is required. (Eligible signatures must come from a Licensed Health Care Provider, as defined above)

Milk Allergies/Intolerances

A parent/guardian is able to complete this section of the document to have milk intolerances documented. **A parent or guardian signature is required.**

Definitions:

Person with a Disability – 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.

Physical or Mental Impairment – any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive, digestive, genitor-urinary; hemic and lymphatic; skin; and endocrine; or (b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

Major Life Activities – functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

Record of Impairment – having a history of, or have been classified (or misclassified) as having a mental or physical impairment that substantially limits one or more major life activities.

***Citations from Section 504 of the Rehabilitation Act of 1973**

USDA Guidelines for Accommodating Special Dietary Needs:

Disability – Schools and agencies participating in federal nutrition programs **must** comply with requests for special dietary meals and any adaptive equipment with a documented disability and completed request form.

Non-disability – Schools and agencies participating in federal nutrition programs **may** comply with requests for non-disabling medical conditions. Accommodations will be made on a case-by-case basis. However, if accommodations are made for a specific medical condition, complete requests for the same medical condition must be accommodated.

Fluid Milk Substitutions – Fluid milk substitutions apply to non-disability requests. Schools and agencies participating in federal nutrition program **may** accommodate complete requests with a USDA approved **non-milk equivalent**. Approved non-milk equivalents include Lactaid, Soy Milk, Rice Milk, or items with similar nutritional compositions to milk.

If accommodations are made for one student requesting a fluid milk substitute, accommodations must be made for all students requesting a fluid milk substitute.

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