



Parent/Guardian:

Your child's school:

1. Will make meal modifications prescribed by a licensed physician to accommodate a disability.
2. Does not make meal modifications prescribed by a recognized medical authority due to a food allergy/intolerance or medical condition that does not rise to the level of a disability.
3. Will make substitutions for fluid cow's milk due to food allergy/intolerance or other reasons.

The *Diet Prescription for School Meals* is attached to this letter. On this form there is further information about the three categories of meal modifications that can be provided under federal regulations and the procedures that apply to each category. Please read this information carefully before completing the form. Only the types of meal modifications identified on the Diet Prescription for School Meals form are provided. Our school staff cannot modify food textures, make substitutions, or alter the participant's diet without completion of the entire form.

To ensure that the requested meal modifications can be made on the first day of school, return the completed form prior to the first day of school to the **school nurse**. If you are submitting a request for meal modification at a time other than the beginning of the school year, it will take approximately 10 school days from the time the request is received until it can be implemented.

If you have any questions or need assistance, please call Child Nutrition Programs at 205-379-2130.

IMPORTANT: *Only a physician can declare if a student has a disability. In Alabama, a recognized medical authority includes a physician, physician assistant, and nurse practitioner.

Resources:

USDA's *Accommodating Children with Special Dietary Needs in the School Nutrition Programs*: http://www.fns.usda.gov/cnd/guidance/special_dietary_needs.pdf

USDA Memo SP 32-2015: *Statements Supporting Accommodations for Children with Disabilities in the Child Nutrition Program*
http://www.fns.usda.gov/sites/default/files/cn/SP32_CACFP13_SFSP15-2015os.pdf

USDA Memo SP 36-2013: *Guidance Related to the ADA Amendments Act*
<http://www.fns.usda.gov/sites/default/files/SP36-2013os.pdf>

USDA Memo SP07-2010: *Q & As: Milk Substitution for Children with Medical or Special Dietary Needs*:
http://www.fns.usda.gov/sites/default/files/SP_07_CACFP_04_SFSP_05-2010_os.pdf

National Food Service Management Institute's *Meeting Children's Special Food and Nutrition Needs in Child Nutrition Programs*: <http://nfsmi-web01.nfsmi.olemiss.edu/documentLibraryFiles/PDF/20080213015556.pdf>

Food Allergy and Anaphylaxis Network: <http://www.foodallergy.org/>

CDC: *Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs*
http://www.cdc.gov/HealthyYouth/foodallergies/pdf/13_243135_A_Food_Allergy_Web_508.pdf

School Nutrition Association's allergy information resources website. <https://schoolnutrition.org/>

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.



Jefferson County Board Of Education

Diet Prescription for Meals at School

Name _____ DOB _____ Grade _____ ID# _____ School _____

Parent/Guardian _____ Phone# _____ Email _____

Information below to be completed by recognized medical authority.

Please list disability or medical condition that requires the student to have a special diet. Include a brief description of the major life activity affected by the student's disability. _____

Diet Prescription (Check all that apply)

- Diabetic
- Increased Calorie
- Reduced Calorie
- Modified Texture
- Other (describe) _____

Foods Omitted (Please check food groups to be omitted.)

- Meat and Meat Alternates
- Fruits & Vegetables
- Milk and Milk Products
- Peanuts and Peanut Products
- Bread and Cereal Products
- Other _____

Substitutions (Please provide suggested substitutions for omitted foods or attach information.) _____

Textures Allowed (Check the allowed texture)

- Regular
- Chopped
- Ground
- Pureed

Food Allergy (students with life threatening food allergies may require special meal preparation.) Is this allergy life threatening? _____

- Peanuts
- Tree Nuts
- Wheat
- Soy
- Fish
- Shellfish
- Dairy
- Eggs
- Other _____

Other Information Regarding Diet or Feeding (Please provide additional information on the back of this form or attach to this form.)

I certify that the above named student needs special school meals prepared as described above because of the student's disability or chronic medical condition.

Physician/Recognized Medical Authority Signature

Office Phone #

Date

***This form should be resubmitted each school year.**

Return to: **School Nurse**
or

JCBE-Child Nutrition Programs
2100 18th Street South
Birmingham, AL 35209

Office: 205-379-2285 Fax to: 205-379-2313