



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 & A: 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/>

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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)

- | | | |
|--|---|---|
| <input type="checkbox"/> Diabetic | <input type="checkbox"/> Reduced Calorie | <input type="checkbox"/> Other (describe) _____ |
| <input type="checkbox"/> Increased Calorie | <input type="checkbox"/> Modified Texture | _____ |

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Meat and Meat Alternates | <input type="checkbox"/> Milk and Milk Products | <input type="checkbox"/> Bread and Cereal Products |
| <input type="checkbox"/> Fruits & Vegetables | <input type="checkbox"/> Peanuts and Peanut Products | <input type="checkbox"/> Other _____ |

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

Textures Allowed (Check the allowed texture)

- | | | | |
|----------------------------------|----------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Regular | <input type="checkbox"/> Chopped | <input type="checkbox"/> Ground | <input type="checkbox"/> Pureed |
|----------------------------------|----------------------------------|---------------------------------|---------------------------------|

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

- | | | |
|------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Peanuts | <input type="checkbox"/> Soy | <input type="checkbox"/> Dairy |
| <input type="checkbox"/> Tree Nuts | <input type="checkbox"/> Fish | <input type="checkbox"/> Eggs |
| <input type="checkbox"/> Wheat | <input type="checkbox"/> Shellfish | <input type="checkbox"/> 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.**

Rev. 7/15 kh

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

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