

Serving Our Students with Special Diets and Food Allergies

USDA Code of Federal Regulations Title 7, Part 15b, requires school districts to accommodate the diet restrictions of students with disabilities. A child with a disability must be provided with food substitutions when the request is submitted by a licensed physician. The parent/guardian must provide a clear and specific statement signed by a licensed physician outlining the food substitutions and it must provide the following information:

- The Child's Disability.
- An explanation of why the disability restricts the child's diet
- The food or foods to be omitted from the child's diet, and the food, or choice of food that must be substituted.

The definition of a person with disabilities is: Any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of impairment, or is regarded as having such impairment. Major life activities covered by this definition include caring for oneself, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

Food Allergies:

A child with food allergies or intolerances does not have a disability as defined under either Section 504 of the Rehabilitation Act or Part B of IDEA. Nutrition Services may make substitutions, but they are not required to do so.

However, if a licensed physician states that the food allergy may result in a severe, life treating (anaphylactic) reaction, the child's condition would meet the definition of "DISABILITY," and the **SUSTITUTIONS PRESCRIBED** by the licensed physician must be made.

WHAT IS A FOOD ALLERGY?

A food allergy is the overreaction of the body's immune system to a food substance, usually a protein. Food allergies may occur at birth or may develop at any age in life. Food allergies can be associated with any food. However, most allergic reactions are caused by the following foods: milk, eggs, fish, shellfish, soy, wheat, peanuts, and tree nuts. There is no cure for food allergies. Avoidance of the offending food is the only way to prevent a reaction.

If your child is in the need of a modified diet due to a disability, a Medical Statement signed by a recognized medical authority which explains the food substitution, must support each special dietary request. We must have this statement on file in order to accommodate your child's special dietary needs. Please note we are only required to accommodate students with disabilities.

The Twin Rivers Nutrition Services respects many diverse food choices and it is our goal to provide each and every student with a well-balanced meal that meets nutritional guidelines as well as a meal that meets the special dietary needs requested by a licensed physician.

If your student/child meets any of these criteria's, please submit a Doctor's statement to the school's cafeteria staff or mail it to:

Jill Van Dyke, Director
 Twin Rivers Unified School District
 Nutrition Services Department
 3222 Winona Way
 North Highlands, CA 95660

An additional copy must be submitted to the student's teacher.



2/25/11

CALIFORNIA DEPARTMENT OF EDUCATION
NUTRITION SERVICES DIVISION

CHILD NUTRITION PROGRAMS
CNP-925 (REV. 04/07)

**TWIN RIVERS UNIFIED SCHOOL DISTRICT NUTRITION SERVICES
MEDICAL STATEMENT TO REQUEST
SPECIAL MEALS AND/OR ACCOMMODATIONS**

1. SCHOOL/AGENCY <i>TWIN RIVERS UNIFIED SCHOOL DISTRICT</i>		2. SITE		3. SITE TELEPHONE NUMBER	
4. NAME OF PARTICIPANT			5. AGE OR DATE OF BIRTH		
6. NAME OF PARENT OR GUARDIAN			7. TELEPHONE NUMBER		
8. CHECK ONE:					
<input type="checkbox"/> Participant has a disability or a medical condition and <i>requires</i> a special meal or accommodation. (Refer to definitions on reverse side of this form.) Schools and agencies participating in federal nutrition programs must comply with requests for special meals and any adaptive equipment. A licensed physician must sign this form.					
<input type="checkbox"/> Participant does not have a disability, but is requesting a special meal or accommodation due to food intolerance(s) or other medical reasons. Food preferences are not an appropriate use of this form. Schools and agencies participating in federal nutrition programs are encouraged to accommodate reasonable requests. A licensed physician, physician's assistant, or registered nurse must sign this form.					
9. DISABILITY OR MEDICAL CONDITION REQUIRING A SPECIAL MEAL OR ACCOMMODATION:					
10. IF PARTICIPANT HAS A DISABILITY, PROVIDE A BRIEF DESCRIPTION OF PARTICIPANT'S MAJOR LIFE ACTIVITY AFFECTED BY THE DISABILITY:					
11. DIET PRESCRIPTION AND/OR ACCOMMODATION: (PLEASE DESCRIBE IN DETAIL TO ENSURE PROPER IMPLEMENTATION)					
12. INDICATE TEXTURE:					
<input type="checkbox"/> Regular <input type="checkbox"/> Chopped <input type="checkbox"/> Ground <input type="checkbox"/> Pureed					
13. FOODS TO BE OMITTED AND SUBSTITUTIONS: (PLEASE LIST SPECIFIC FOODS TO BE OMITTED AND SUGGESTED SUBSTITUTIONS. YOU MAY ATTACH A SHEET WITH ADDITIONAL INFORMATION)					
A. Foods To Be Omitted			B. Suggested Substitutions		
_____			_____		
_____			_____		
_____			_____		
_____			_____		
14. ADAPTIVE EQUIPMENT:					
15. SIGNATURE OF PREPARER*		16. PRINTED NAME		17. TELEPHONE NUMBER	18. DATE
19. SIGNATURE OF MEDICAL AUTHORITY*		20. PRINTED NAME		21. TELEPHONE NUMBER	22. DATE

*** Physician's signature is required for participants with a disability. For participants without a disability, a licensed physician, physician's assistant, or registered nurse must sign the form. Please Write Legibly.**

The information on this form should be updated to reflect the current medical and/or nutritional needs of the participant. In accordance with Federal law and U.S. Department of Agriculture policy, this agency is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410, or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.)

MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS

INSTRUCTIONS

1. **School/Agency:** Print the name of the school or agency that is providing the form to the parent.
2. **Site:** Print the name of the site where meals will be served (e.g., school site, child care center, community center, etc.)
3. **Site Telephone Number:** Print the telephone number of site where meal will be served. See #2.
4. **Name of Participant:** Print the name of the child or adult participant to whom the information pertains.
5. **Age of Participant:** Print the age of the participant. For infants, please use Date of Birth.
6. **Name of Parent or Guardian:** Print the name of the person requesting the participant's medical statement.
7. **Telephone Number:** Print the telephone number of parent or guardian.
8. **Check One:** Check (✓) a box to indicate whether participant has a disability or does not have a disability.
9. **Disability or Medical Condition Requiring a Special Meal or Accommodation:** Describe the medical condition that requires a special meal or accommodation (e.g., juvenile diabetes, allergy to peanuts, etc.)
10. **If Participant has a Disability, Provide a Brief Description of Participant's Major Life Activity Affected by the Disability:** Describe how physical or medical condition affects disability. For example: "Allergy to peanuts causes a life-threatening reaction."
11. **Diet Prescription and/or Accommodation:** Describe a specific diet or accommodation that has been prescribed by a physician, or describe diet modification requested for a non-disabling condition. For example: "All foods must be either in liquid or pureed form. Participant cannot consume any solid foods."
12. **Indicate Texture:** Check (✓) a box to indicate the type of texture of food that is required. If the participant does not need any modification, check "Regular".
13. **A. Foods to Be Omitted:** List specific foods that must be omitted. For example, the "exclude fluid milk."
B. Suggested Substitutions: List specific foods to include in the diet. For example, "calcium fortified juice."
14. **Adaptive Equipment:** Describe specific equipment required to assist the participant with dining. (Examples may include a sippy cup, a large handled spoon, wheel-chair accessible furniture, etc.)
15. **Signature of Preparer:** Signature of person completing form.
16. **Printed Name:** Print name of person completing form.
17. **Telephone Number:** Telephone number of person completing form.
18. **Date:** Date preparer signed form.
19. **Signature of Medical Authority:** Signature of medical authority requesting the special meal or accommodation.
20. **Printed Name:** Print name of medical authority.
21. **Telephone Number:** Telephone number of medical authority.
22. **Date:** Date medical authority signed form.

DEFINITIONS*:

"A Person with a Disability" is defined as 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 impairment.

"Physical or mental impairment" means (a) 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, genito-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" are functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

"Has a record of such an impairment" is defined as 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)