

Aberdeen School District – Food Service

Susan Nash, Director of Food Service

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TO: Parent/Guardian of Student(s) Requesting Special Menus
FROM: Susan Nash
SUBJECT: Special Diet Medical Statement
DATE: July 2, 2018

Dear Parent/Guardian

The new 2018-2019 Medical Statement Special Diet Prescription form is now available. Forms submitted prior to July 1, 2018 are invalid. A new form must be completed in its entirety **by a physician every school year**. The completed form may be faxed to the food service office directly from the doctor's office.

There are a number of changes in the requirements/paperwork for Special Diet Statements in School Nutrition Programs. The process dictated by USDA has become much more detailed. Enclosed you will find the detailed information, the revised form, and the instructions to be followed to allow required substitutions for your child. It is important for you to read and study all of this information before calling with your questions. That will allow us to better assist you with your individual situation. Please plan accordingly for timely implementation. It is best to allow 10 days for implementation of menu substitutions. Parents requesting food substitutions for the first time will be asked to meet with food service staff to discuss implementation plans and procedures. These meetings will be held beginning August 15. The student is welcome and encouraged to attend. Monthly menus are available on-line on the school district web site, www.aberdeen.k12.sd.us.

Thank you for your prompt attention to this paperwork for your child.

Respectfully,

Susan Nash

SPECIAL DIET FORM

Important! Select the applicable meal modification category from the three listed below. Then, carefully read and follow the procedures for that category. The school/agency will return incomplete Medical Statements to the parent/guardian. **It is recommended that you keep a copy of the completed form.** If you have any questions about this form, contact the school/agency.

Definitions: An 'agency' on USDA Child Nutrition Programs might be a school, child care center, adult day care center, child care home, sponsoring organization, or institution. A 'participant' on USDA Child Nutrition Programs would be a student, child, or adult (in a day care setting) who receives meals at an agency.

Note to Parent/Guardian/Participant: As stipulated in FNS Instruction 783, Rev. 2, Section V Cooperation: When implementing the guidelines of this instruction, food service personnel should work closely with the parent(s) / guardian(s) / participant or responsible family member(s) and with all other medical and community personnel who are responsible for the health, well-being and education of a participant with a disability that affects the diet to ensure that reasonable accommodations are made to allow the individual's participation in the meal service.

1. **Special Diet Order due to a disability:**



- A school/agency is required to provide a special diet prescribed by a licensed physician to accommodate a participant's disability. See the 'Definition of Disability' on the back of this form.
- Part B of this form must be completed by a licensed physician (MD or DO).
- Parts A and C of this form must also be completed before the school/agency can provide a special diet.
- The special diet required for a disability will continue until a licensed physician requests that the modification be changed or stopped.
- It is strongly recommended that a licensed physician annually update the special diet order.

2. **Special Diet Request due to a food allergy, food intolerance or other medical condition that does not rise to the level of a disability:**

- A school/agency has the option to provide a special diet requested by a recognized medical authority due to a food allergy, food intolerance or other medical condition that does not rise to the level of a disability.
- Part B of this form must be completed by a medical authority who is a licensed physician (MD or DO), physician's assistant (PA), Certified Nurse Practitioner (CNP), Certified Nurse Midwife (CNM), Registered Dietitian (RD), and Licensed Nutritionist (LN).
- For questions about recognized medical authorities, contact the school/agency.
- Parts A and C of this form must also be completed before the school/agency can provide a requested special diet (determined on a case by case basis).
- If provided, the requested special diet will continue until a recognized medical authority requests that the modification be changed or stopped.
- It is strongly recommended that a recognized medical authority annually update the special diet request.



3. **Substitution for fluid cow's milk due to lactose intolerance, allergy, vegan diet, religious, ethical, or cultural reasons:**



- A school/agency has the option to make a substitution for fluid cow's milk that is requested by a parent/guardian, but is not prescribed by a medical authority.
- Parts A and D on this form must be completed before the school/agency can make a substitution for fluid cow's milk.
- If a school/agency chooses to provide such a substitution, they will continue until a parent/guardian requests that the substitution be changed or stopped.

42 USC § 12102 – DEFINITION OF DISABILITY

(1) Disability

The term “disability” means, with respect to an individual—

- (A) a physical or mental impairment that substantially limits one or more major life activities of such individual;
- (B) a record of such an impairment; or
- (C) being regarded as having such an impairment (as described in paragraph (3)).



(2) Major life activities

(A) In general

For purposes of paragraph (1), major life activities 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, and working.

(B) Major bodily functions

For purposes of paragraph (1), a major life activity also includes the operation of a major bodily function, including but not limited to: functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

(3) Regarded as having such an impairment

For purposes of paragraph (1)(C):

- (A) An individual meets the requirement of “being regarded as having such an impairment” if the individual establishes that he or she has been subjected to an action prohibited under this chapter because of an actual or perceived physical or mental impairment whether or not the impairment limits or is perceived to limit a major life activity.
- (B) Paragraph (1)(C) shall not apply to impairments that are transitory and minor. A transitory impairment is an impairment with an actual or expected duration of 6 months or less.

Definition of Recognized Medical Authority (per SDCL 36-2-2 and the Dietetics and Nutrition Practice Act, 36-10B)

The State of South Dakota recognizes the following as medical authorities in relation to non-required “**Special Diet Requests:**”

Medical Doctors (MD)
Doctors of Osteopathy (DO)
Physician Assistants (PA)
Certified Nurse Practitioners (CNP)
Certified Nurse Midwives (CNM)
Registered Dietitians (RD)
Licensed Nutritionists (LN)

SPECIAL DIET FORM

* Keep a copy of the completed form for your records.

Part A – Participant, Parent/Guardian, and School/Agency Contact Information – To be completed by a parent/guardian

1. School District	2. School	3. School Grade
4. Name of Participant		5. Date of Birth/Age
6. Name of Parent or Guardian		7. Parent/Guardian Telephone

Part B – Special Diet – To be completed by a medical authority as defined on previous page.

7. Check One:

- a. Participant has a **disability**.
- b. Participant has a food allergy/intolerance or other medical condition that does not rise to the level of a disability.

8. Specify the disability, food allergy/intolerance, or medical condition requiring a special meal or accommodation (use extra pages if needed):

9. If participant has a disability (see definition on instructions page), **provide a brief description of participant's major life activity** (see list on instructions page) **affected by the disability** (e.g. allergy to peanuts affects ability to breathe):

Check if not applicable

10. Describe the type of special diet required (e.g. low sodium, gluten-free, diabetic, etc.) Use extra pages if needed:

Check if not applicable

11. Modified Texture:

- | | |
|---|----------------------------------|
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Chopped |
| <input type="checkbox"/> Ground | <input type="checkbox"/> Pureed |

12. Modified Thickness:

- | | |
|---|---|
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Nectar |
| <input type="checkbox"/> Honey | <input type="checkbox"/> Spoon or Pudding Thick |

13. Special Feeding Equipment (large handled spoon, sippy cup, etc.):

Check if not applicable



14. Foods to be omitted and substituted: (List specific foods to be omitted and suggested substitutions. You may sign and attach a sheet with additional information as needed.)

Check if not applicable _____

A. Foods To Be Omitted

B. Suggested Substitutions

IMPORTANT: For a participant who does not have a recognized disability, the only fluid milk substitutions allowed by USDA are: (1) lactose-free fluid cow's milk or (2) a non-dairy beverage with a nutrition profile equivalent to cow's milk as specified in federal regulations. **Currently the only beverages meeting these specifications are certain brands of soy milk.**

15. Signature of Preparer

16. Printed Name

17. Telephone Number

18. Date

19. Signature of Medical Authority

20. Printed Name

21. Title

Part C – Parent/Guardian Permission – To be completed by a parent/guardian

I give permission for school/agency personnel responsible for implementing my child's special diet to discuss my child's special dietary accommodations with any appropriate school/agency staff and to follow the special diet for my child's school/agency meals. I also give permission for my child's medical authority to further clarify the special diet on this form if requested to do so by school/agency personnel.

22. Parent/Guardian Signature:

23. Date:

Part D – Request Substitution for Fluid Cow's Milk due to Lactose Intolerance, Allergy, Vegan Diet, Religious, Cultural, or Ethical Reasons – To be completed by parent/guardian.

24. Instead of fluid cow's milk, please provide the individual named in Part A of this form with the following substitute (check ONE):

Lactose-free cow's milk

Non-dairy beverage with a nutrient profile equivalent to fluid cow's milk per federal regulations

25. Parent/Guardian Signature:

26. Date:

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 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](http://www.ascr.usda.gov/complaint_filing_cust.html) 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.

As stated above, all protected bases do not apply to all programs, the **first six protected bases of race, color, national origin, age, disability and sex are the six protected bases for applicants and recipients of the Child Nutrition Programs.**

Approved: _____ Implemented Date: _____ Signature: _____

Lunchbox Message: _____