

SPECIAL DIET STATEMENT

Information requested on this form must be thoroughly completed and signed by a licensed physician or recognized medical authority and then submitted to the school/center/site before any meal modifications will be made in the United States Department of Agriculture Child Nutrition Programs. This form must be updated whenever the participant's diagnosis or special diet changes. Special diet requests will be evaluated on a case-by-case basis.

For a participant **with a disability** that restricts diet: Requests for a special diet must be supported by a statement of the disability and a diet order signed by a licensed physician. A school/center/site must comply with requests for special meals, food substitutions and/or any adaptive equipment. However, the school/center/site reserves the right to negotiate special food requests with the physician if product availability is a concern.

For a participant **without a disability** who is medically certified as having a special dietary need: Requests for a special diet must be supported by a diet order signed by a recognized medical authority (licensed physician, physician's assistant, certified nurse practitioner, registered dietitian, licensed nutritionist or chiropractor). A school/center/site is encouraged to accommodate reasonable requests but is **not** required to do so.

PART 1: PARTICIPANT INFORMATION

PARENT OR GUARDIAN MUST COMPLETE. PLEASE PRINT.

Participant's Name: Last / First / Middle Initial			Today's Date:	
Name of School/Center/Site Attended:			Date of Birth:	
Parent/Guardian Name:		Home Phone Number:	Work Phone Number:	
Parent /Guardian Address:	City:	State:	Zip code:	

Meals or snacks to be eaten at school/center/site: (check all that apply)

School:	Center / Child Care:	Site-Summer Food Service Program:
Breakfast Lunch	Breakfast Lunch Supper	Breakfast Lunch Supper Snack
Afterschool Care Program (snack)	am / pm / eve Snack Afterschool Snack	

Parent/Guardian Signature: _____ Date: _____
OR Participant's Signature (Adult Day Care)

NOTE to Parent/Guardian/Participant: In order to authorize the licensed physician to discuss or clarify this Special Diet Statement (if necessary) with the director of the school/center/site, you must also complete and sign the Voluntary Authorization Section at the end of this form.

PART 2: PARTICIPANT STATUS

(MUST CHECK ONE OF THE TWO BOXES AND COMPLETE THE TEXT)

LICENSED PHYSICIAN OR RECOGNIZED MEDICAL AUTHORITY MUST COMPLETE.

☐ Participant **has a disability** and requires a special meal or food accommodation. A licensed physician must complete Questions 1-3 (below), Part 3 and Part 4 of this form before signing and dating this statement.

Physician - please refer to the companion document titled Meal Substitutions and Modifications for definitions of "disability" and "major life activities."

1. If participant has a disability, describe the disability: _____ (e.g., Celiac Disease)

2. What are the "major life activities" affected by the disability? _____

3. Describe how the disability restricts the participant's diet: _____

- ☐ Participant **does not have a disability** but is requesting a special meal or accommodation (e.g., food intolerance). **A recognized medical authority** (licensed physician, physician's assistant, certified nurse practitioner, registered dietitian, licensed nutritionist or chiropractor) **must complete the statement below, Part 3 and Part 4 of this form before signing and dating this statement.**

If participant **does not have a disability**, state the medical or special dietary condition which restricts the participant's diet:

PART 3: DIET ORDER

**LICENSED PHYSICIAN MUST COMPLETE IF PARTICIPANT HAS A DISABILITY OR
RECOGNIZED MEDICAL AUTHORITY MUST COMPLETE IF PARTICIPANT DOES NOT HAVE A
DISABILITY.**

Check which dietary modification(s) the participant needs and then specify in Part 4 what foods must be omitted and what foods must be substituted.

Check ☒ all that apply:

☐ **Diabetes** (additional instructions): _____

☐ **Calorie Controlled:** Calorie Level: _____

☐ **Gluten Free**

☐ **PKU** (Phenylketonuria)

☐ **Lactose Intolerance:** ☐ No milk to drink (Schools: participant must be offered lactose-reduced milk as required by state law (Minnesota Statute section 124D.114) when supported by a written request from the parent/guardian.

☐ **Food Allergy that is Life Threatening/Anaphylactic:** (considered a disability)

☐ **Food Allergy:** (PLEASE NOTE: a food allergy is not considered a disability unless it results in a life-threatening reaction).

♦ **Please note: the school/center/site cannot guarantee that the facility or dining area will be allergen free.** ♦

☐ **Texture Modification:** _____ Pureed _____ Ground _____ Bite-Sized Pieces _____ Other (specify) _____

☐ **Tube Feeding:** Formula Name: _____

Administering Instructions: _____

Oral Feeding: ☐ No ☐ Yes If Yes, specify foods: _____

☐ **Other Dietary Modification / Additional Instructions** (describe): _____

_____ (attach specific diet order instructions)

☐ **Infant Feeding Instructions** (if applicable):

☐ In place of breast milk or iron-fortified infant formula, infant (age 8-12 months) is approved to be served:

- ☐ whole milk
- ☐ reduced fat (2%) milk
- ☐ low fat (1%) milk
- ☐ nonfat (skim) milk

☐ Infant to be served Non-Iron Fortified Infant Formula (infant under 12 months)☐ Infant to be served Non-Iron Fortified Infant Cereal (infant ages 4 months to 1st birthday)☐ Infant to be served: ☐ Nutramigen ☐ Pregestimil ☐ Alimentum ☐ Other Special Formula _____☐ Infant to be served a different dilution of formula _____ (Kcal/ounce)

☐ Additional Instructions: _____

PART 4: FOODS TO BE OMITTED / SUBSTITUTED

LICENSED PHYSICIAN OR RECOGNIZED MEDICAL AUTHORITY MUST COMPLETE.

Foods to be omitted and substitutions: Please list specific foods to be omitted **and** suggest food substitutions. You may attach a sheet with additional information. Leave Part 4 blank if not applicable or if fully described in Part 3.

[illegible]

SIGNATURE OF LICENSED PHYSICIAN OR RECOGNIZED MEDICAL AUTHORITY

LICENSED PHYSICIAN OR RECOGNIZED MEDICAL AUTHORITY MUST SIGN and RETAIN A COPY of this DOCUMENT.

☐ *I certify that the participant requires a special diet due to the participant's disability (licensed physician must sign).*

☐ *I certify that the participant has a special dietary need and is requesting accommodation as described in this statement.*

Licensed Physician **OR** Recognized Medical Authority Name/Credentials (print): _____

Signature: _____ Date: _____

Clinic/Hospital Name: _____ Phone #: _____

VOLUNTARY AUTHORIZATION PARENT OR GUARDIAN TO COMPLETE.

**(TO ALLOW A LICENSED PHYSICIAN OR RECOGNIZED MEDICAL AUTHORITY
TO DISCUSS OR CLARIFY A DIET ORDER WITH A SCHOOL/CENTER/SITE DIRECTOR)**

This authorizes the licensed physician or recognized medical authority to discuss or clarify the diet order prescribed for _____ (participant's name) with the director at _____ (name of school/center/site). This authorization will remain in effect until the diagnosis has changed or a new diet order is prescribed.

This authorization may be revoked at any time by submitting a request in writing to the physician or recognized medical authority who originally signed the Special Diet Statement.

I understand that specific information disclosed pursuant to this authorization may be subject to re-disclosure by the school/center/site director and will no longer be protected under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule.

Parent/Guardian Signature: _____ Date: _____
OR Participant's Signature (Adult Day Care)

Note to parent/guardian/participant:

- After review of this Special Diet Statement, the school, center or site may need more information or clarification from the physician or recognized medical authority before it can provide the special diet. If more information is needed but this authorization statement has not been signed, implementation of the special diet may be delayed.
- If authorization is signed, make a copy of this document before submitting to the school/center/site.

MEAL SUBSTITUTIONS AND MODIFICATIONS

I. PARTICIPANTS WITH DISABILITIES

DEFINITION OF “DISABILITY”

The provisions requiring substitutions or modifications for persons with disabilities respond to the federal requirements under Section 504 of the Rehabilitation Act of 1973 and the regulations that implement that law (7 CFR 15b) which provide that no otherwise qualified individuals shall be excluded from participation in, be denied benefit of, or subjected to discrimination, under any program or activity receiving federal financial assistance, solely on the basis of their disability. Therefore, substitutions to the meal pattern, or modifications to a food item, are required for those participants with disabilities who are unable to consume the regular program meals.

Definition of “handicapped person” from 7 Code of Federal Regulations 15b(3):

The definition of “handicapped person” is provided in 7 CFR 15b(3)(i):

- (i) *“Handicapped person” means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.*

The parts of the definition of “handicapped person” shown in bold print are further defined in 7 CFR 15b(j) through 15b(m).

- (j) *“Physical or mental impairment” means (1) 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; genitourinary; hemic and lymphatic; skin; and endocrine; or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term physical or mental impairment includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments; cerebral palsy; epilepsy; muscular dystrophy; multiple sclerosis, cancer; heart disease; diabetes; mental retardation; emotional illness; and drug addiction and alcoholism.*
- (k) *“Major life activities” means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.*
- (l) *“Has a record of such an impairment” means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities.*
- (m) *“Is regarded as having an impairment” means (1) has a physical or mental impairment that does not substantially limit major life activities but that is treated by a recipient as constituting such a limitation; (2) has a physical or mental impairment that substantially limits major life activities only as a result of the attitudes of others towards such impairments, or (3) has none of the impairments defined in paragraph (j) of this section but is treated by a recipient as having such an impairment.*

FOOD ALLERGIES AND INTOLERANCES

Generally, participants with food allergies, intolerances or obese participants are not considered to be persons with disabilities as defined above, and therefore, substitutions are not required. However, when in the physician’s assessment food allergies may result in severe, life-threatening reactions (anaphylactic reactions) or the obesity is severe enough to substantially limit a major life activity, the participant is considered to be disabled and substitutions prescribed by the physician must be provided.

SPECIAL DIET STATEMENT (for participants with a disability)

The determination of whether a participant has a disability, and whether the disability restricts the participant’s diet, are to be made on an individual basis by a licensed physician. A statement signed by a licensed physician must support substitutions. The Special Diet Statement must identify:

1. The participant’s disability and an explanation of why the disability restricts the participant’s diet;
2. Which of the major life activities listed in 7 CFR 15b(k) (see above) is affected by the disability; and

3. The food or foods to be omitted from the participant's diet and the food or choice of foods that **must** be substituted. For example, if the disability requires caloric modifications or the substitution of a liquid nutritive formula, this information must be included in the statement.

The Special Diet Statement does not need to be renewed on a yearly basis; however, it must reflect the current dietary needs of the participant.

For participants with disabilities who only require modifications in texture (such as chopped, ground or pureed foods), a physician's written instructions indicating the appropriate food texture is recommended, but not required. However, the sponsoring authority may apply stricter guidelines requesting that a Special Diet Statement be provided for modifications in texture. Unless otherwise specified by the physician, meals modified for texture will consist only of food items and quantities provided in the regular menus.

II. PARTICIPANTS WITHOUT DISABILITIES

Substitutions **may** be made for participants who are unable to consume a food item because of a medical or other special dietary need but who do not meet the definition of "handicapped person" in 7 CFR 15b. Sponsors are encouraged, but not required, to provide food substitutions or modifications for participants without a disability. However, substitutions may be made on a case-by-case when supported by a statement signed by a recognized medical authority.

Participants who are **overweight** or have **elevated blood cholesterol** generally are not considered to have a disability and sponsoring authorities are not required to make substitutions for them.

In most cases, the special dietary needs of persons who do not have a disability may be managed within the normal program meal service (no Special Diet Statement) when a well-planned variety of nutritious foods is available to participants, and/or the "offer versus serve" provision (if applicable) is utilized to maximize the participants' choices. Whenever substitutions can be provided within the meal pattern, no Special Diet Statement is required.

SPECIAL DIET STATEMENT (for participants without a disability)

Food substitutions for a participant **without** a disability may be made on a case-by-case basis when supported by a statement signed by a recognized medical authority. In Minnesota, recognized medical authorities are licensed physicians, physician's assistants, certified nurse practitioners, registered dietitians, licensed nutritionists and chiropractors.

The Special Diet Statement for a participant **without** a disability must include: (1) an identification of the medical or other special dietary need which restricts the participant's diet and (2) the food or foods to be omitted from the participant's diet, and the food or choice of foods that may be substituted. The statement does not have to be renewed each year as long as there are no changes.

III. STATE LAW ON LACTOSE INTOLERANCE (for School Nutrition Programs)

The responsibility of a school food authority to provide substitutions for any child with lactose intolerance is specified in state law (Minnesota Statutes section 124D.114). Under this law, a school district or nonpublic school that participates in the National School Lunch Program or School Breakfast Program and receives a written request from a parent shall make available:

- ◆ Lactose-reduced milk; or,
- ◆ Milk fortified with lactase in liquid, tablet, granular or other form; or,
- ◆ Milk to which lactobacillus acidophilus has been added.

The school is **not** required to make available any other substitute, such as juice, based on lactose intolerance.

IV. COOPERATION

When implementing these guidelines, food service personnel should work closely with parents, other responsible family members, and with all other school, child care, medical and community personnel who are responsible for the health, well-being and education of participants with disabilities or with other special dietary needs to ensure that reasonable accommodations are made to allow participation in the meal service. This cooperation is particularly important when accommodating participants whose disabilities require significant dietary modifications or personal assistance.