

## Special Dietary Request Policy and Procedure

V2; May 30, 2019

### Special Dietary Modification Request Procedure:

1. Print the medical statement form **"Food and Nutrition Services Dietary Request Form"** found on the EVSC website: [www.evscschools.com/foodandnutrition](http://www.evscschools.com/foodandnutrition) under *"Special Diet Form"*
  - o A printed copy of this form may also be obtained from the school nurse.
2. Parent/Guardian must return the completed and signed form back to the school nurse. Incomplete and unsigned forms will not be accepted. It is a requirement to obtain all necessary information for the school to make any meal accommodations.
3. School nurses will submit the completed form to the EVSC Registered Dietitian (RD) by emailing it to [foodnutrition@evsck12.com](mailto:foodnutrition@evsck12.com).
4. The RD will evaluate the request for appropriate meal accommodations. Should there be any questions/adjustments needed with meal accommodations, the RD or nurse will email or phone the parent/guardian using the contact information provided on the form.
5. If necessary, Parents/Guardians are encouraged to temporarily provide the student with meals from home while the special dietary modification request is being processed for food accommodation and equipment needs.
6. The school cafeteria manager and school nurse will receive notification from the EVSC RD on the final plan for meal accommodations and equipment needs.

### Procedural Safeguards

If the household feels accommodations are not being met, they have the right to contact the 504 Coordinator and:

- File a grievance if they believe a violation has occurred regarding the request for a reasonable modification;
- Receive a prompt and equitable resolution of the grievance;
- Request and participate in an impartial hearing to resolve their grievances;
- Be represented by counsel at the hearing;
- Examine the record; and
- Receive notice of the final decision and a procedure for review, i.e., right to appeal the hearing's decision.

### Medical Statement for Children with Disabilities

A child with a disability must be provided reasonable substitutions in foods when that need is supported by a statement signed by a licensed physician, physician's assistant or nurse practitioner. The physician's statement must identify:

- o The child's disability
- o An explanation of why the disability restricts the child's diet
- o The major life activity affected by the disability
- o The food(s) to be omitted from the child's diet, texture modifications and the food or choice of foods that is being requested as a substitution.

### Menu Modifications for Children without Disabilities

These situations will be handled on a case-by-case basis.

- o Dietary needs due to lifestyle and religious reasons are important to our school but not a requirement by USDA to make accommodations. Our school will try to accommodate lifestyle and religious needs through our current menu choices.
- o Students are not required to take milk. There is also a choice of water daily. EVSC will provide a USDA approved fluid milk substitution if a special dietary modification request has been submitted.

### Questions/Concerns

- o Contact Brooke Harsh, RD, Nutrition Specialist for EVSC  
Phone:(812)435-0993 E-mail:[foodnutrition@evsck12.com](mailto:foodnutrition@evsck12.com)

**FOOD AND NUTRITION DIETARY REQUEST**

STUDENT'S NAME (Last, First) \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

NEW Request       CHANGE or MODIFY Existing Request       DISCONTINUE Request

**Students with a Medical Disability/Life Threatening**

**Section A. To be Completed by Physician/Medical Authority**

What is the student's disability and why does it restrict the student's diet and what are the major life activities affected by the disability?

\_\_\_\_\_

\_\_\_\_\_

**I. Food Allergy (Medical Authority Signature Required)**

**Student has FOOD ALLERGIES:**

Yes, continue with this section       No, refer to section B

**Type of Allergy:**

Ingestion    Contact    Airborne

**Dairy Allergy:**

No Dairy Products    Avoid all milk products even in baked goods

\*Soy Milk will be offered in place

**Egg Allergy:**    No Whole Eggs    No Eggs in baked goods

**Wheat Allergy:**    No Wheat    Gluten Free

**Other Allergy:**

No Peanut    No Tree Nut    No Fish    No Shellfish

No Soy (soy lecithin and soy oil allowed)

Other (Please list): \_\_\_\_\_

\_\_\_\_\_

**Safe Food Substitutions:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section B. To be completed by Parent/Guardian (No Medical Authority Signature Required. May assist parent in completing section).**

**Lactose Intolerance**

No Yogurt due to Lactose Intolerance

No Cheese due to Lactose Intolerance

No Fluid Dairy Milk due to Lactose Intolerance  
 (Lactose Free Milk or Soy Milk will be offered)

**NOTES:**

\_\_\_\_\_

\_\_\_\_\_

**II. Texture Modification:**

Special Utensils required:

\_\_\_\_\_

Year Round

Temporary: Start: \_\_\_\_\_ Stop: \_\_\_\_\_

**Liquids:**

Thin (Regular liquids)

Nectar Thick

Honey Thick

Pudding Thick

**Solids:**

Mechanical Soft (chopped)

Mechanical Soft (ground)

Pureed (Applesauce texture)

**NOTES:**

\_\_\_\_\_

\_\_\_\_\_

**III. Therapeutic Diet Order: (Write specifics in space provided)**

Diabetic    Renal    PKU    Cardiac    Sodium Restriction    Other

**Notes:**

\_\_\_\_\_

\_\_\_\_\_

**To be completed only by STUDENT'S TREATING PHYSICIAN, PHYSICIAN ASSISTANT OR NURSE PRACTITIONER** I certify that the above named student needs to be offered food substitutions as described above. EVSC will attempt to accommodate substitutions but reserves the right to modify the menu based on product availability.

Printed Name of Medical Authority \_\_\_\_\_  MD    DO    PA-C    NP   DATE \_\_\_\_\_

Signature of Medical Authority: \_\_\_\_\_ CONTACT TELEPHONE NUMBER \_\_\_\_\_

I understand as a parent, that it is my responsibility to renew this form **any time there is a change or discontinuation of dietary needs** and give to the school nurse. I give Evansville Vanderburgh School Corporation permission to speak with the medical authority to discuss dietary needs as ordered and release information to pertinent staff.

PARENT/GUARDIAN SIGNATURE

DATE

Parent/Guardian Email Address (CLEARLY PRINT)

CONTACT NUMBER OF PARENT/GUARDIAN

**School Nurse – PLEASE COMPLETE**

Printed Name of RN, Email & Phone # \_\_\_\_\_ School \_\_\_\_\_ ORG# \_\_\_\_\_

Printed Name of School Café Supervisor, Email & Phone # \_\_\_\_\_