

Physician's Rx for Special Meals at School
(for the accommodation of food allergies and other conditions)

Rev. 9/30/2013

USDA Regulations 7 CFR Part 15b require substitutions or modifications in school meals for children whose conditions restrict their diets and will be provided substitutions when that need is supported by a statement **signed by a licensed physician** and the condition affects a **Major** life-activity (eating, performing manual tasks, walking, seeing, hearing, speaking, breathing and learning). The physician's statement must identify: ✓ the child's disability; ✓ an explanation of why the disability restricts the child's diet; ✓ the major life activity affected by the disability; ✓ the food or foods to be omitted from the child's diet; and ✓ and the foods that can be substituted.

PARENT/GUARDIAN: PLEASE COMPLETE ITEMS # 1-7. Print name, sign, date, take to Doctor, and return to School Nurse or Cafeteria for processing. We will only consider specific conditions for special diet requests.

PARENT

1. Student's Name: _____ 2. Date of Birth: _____ 3. Grade: _____ 4. School: _____
 4. Home Phone #: _____ 5. Daytime Phone #: _____ 6. Other Phone: _____
 7. Parent/Guardian Name: _____ Address: : _____
 Signature: _____ Date: _____

PHYSICIAN'S DIETARY STATEMENT FOR CHILDREN WITH DISABILITIES:

8. Does the student have a disability that restricts his/her diet and limits a major life activity?

Check one box: Yes If "yes", complete the remainder of the form.
 No If "no", **STOP** here, a special diet is not warranted.

9. Please check the category into which the child's disability falls:

Orthopedic impairment requiring texture modification. Food Anaphylaxis (severe food allergy).
 Metabolic Conditions or Inborne Errors of Metabolism. Mental / Emotional / Sensory or Learning Disabilities.
 Neuromuscular conditions or diseases affecting the blood.

MODIFICATION NEEDED:

Chopped Mechanical Soft Pureed Tube Feeding gm CHO gm Pro other

PHYSICIAN

10. Describe the **disability**; "physical or mental impairment" that restricts the **major life activity** or the **severe and/or anaphylactic reaction** resulting from the severe food allergy.

11. Describe why the disability restricts the child's diet:

12. Please Indicate foods to Omit:

13. Suggested Substitutions:

If Eggs - Omit plain eggs, only
 Omit all products containing eggs
 If Milk / Dairy - Omit liquid milk only
 Omit all products containing milk
 Substitute juice for milk
 Substitute water for milk
 Other _____

15. Physician Name: _____
 16. Medical License #: _____
 17. Physician's Signature: _____
 18. Date: _____ 19. Phone #: _____

20. M.D. Office Stamp:

For Official Use Only

Special Diet Processing Procedure:

School Nurse

In the event that a district nurse (RN) receives this request, please complete items # 1 and add any comments below. Sign & date this form. Send to Box 810, Registered Dietitian Nutritionist (RDN).

1. School:

2. School Nurse:

3. School Phone # :

4. School Fax # :

5. Nurse signature:

6. Date:

Comments:

Date Prescription routed to Nutrition Services:

Date Prescription/Intake Form filed in Health Cum. File:

Nutrition Services

Nutrition Services supervisory staff members develop a menu and corresponding recipes for schools.

Nutritional data is collected for each item served. This data is entered into nutrition analysis software from which carbohydrate counts are derived. Carbohydrate counts are posted to our website.

Nutrition Services Staff/ Dietitian

Nutrition Services prepares nutritional data of menus. Upon receiving a Prescription form, Nutrition Services develops a special diet; documenting the processing sequence on the Special Diet Roster.

Special diets and the MD request forms are printed for each of the sites where Nutrition Services provides meals. An updated roster and packet of diets are sent to each of the sites for inclusion in the Special Diet Binders for easy reference. Instructions for use of the diets and maintenance of the binders is included.

Diets and MD request forms are scanned and e-mailed to the Nursing staff for inclusion in the "N" Drive.

The appropriate Nutrition Area Supervisor may hand-deliver specific diet plans to the kitchen staff (and to the Child Development teacher, as appropriate) as the diet is completed to expedite communication. These diets will also be included in the next batch printed and distributed to our sites and to the Nurses.