

Pueblo City Schools

Medical Statement for Dietary Disability - School Meal Modification

Updated November 2015

PLEASE NOTE: No special meal accommodations will be made for students unless they have a documented dietary disability. If your student's special dietary need does not rise to the level of dietary disability (see criteria below), please use the ingredient information for all menu items available at <http://pueblo.nutrislice.com> to make meal selections from the regular school menu to meet his or her needs. Pueblo City Schools (PCS) Nutrition Services provides ingredient information for all dietary needs only as a guide to parents/guardians and cannot guarantee the accuracy of this information or that the information will not change.

This Nutrition Services Department Procedure is based on the USDA's "Accommodating Children with Special Dietary Needs in the School Nutrition Programs-Guidance for School Food Service Staff" Fall 2001 Document.

Important! Carefully read and follow the procedures for a dietary disability. Pueblo City Schools Nutrition Services will return incomplete Medical Statements to the parent/guardian. If you have questions about this form, please contact Hannah Phillips, RD, in the Pueblo City Schools Nutrition Services Department at (719) 595-4282 for assistance.

Modification due to a dietary disability:

- When requested, a school is required to make school meal modifications prescribed by a licensed medical authority to accommodate a student's dietary disability. Parents/guardians should be aware that the District cannot change a diet prescription or meal order written by a licensed medical authority. Only a licensed medical authority can change such orders. Accordingly, parents/guardians should not request changes be made by the District without supporting documentation from a licensed medical authority.
- If this is a life-threatening food allergy resulting in anaphylaxis, ensure the PCS Allergy & Anaphylaxis Action Plan form is completed by school nursing staff.
- Once a dietary disability has been documented with Pueblo City Schools Nutrition Services, further instructions will be provided to parents/guardians upon completion of diet order by licensed medical authority and processing by Pueblo City Schools Nutrition Services office.

Definition of Disability:

Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA), a "person with a disability" means "any person who has a physical or mental impairment which substantially limits one or more major life activity, has a record of such impairment, or is regarded as having such an impairment."

Major life activities covered by this definition include: caring for one's self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working. Major life activities also includes "Major Bodily Functions" such as: functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, and reproductive functions. The term "physical or mental impairment" includes, but is not limited to, such diseases and conditions as:

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| • Orthopedic, visual, speech and hearing impairments | • Heart disease |
| • Cerebral Palsy | • Metabolic diseases, such as diabetes or phenylketonuria (PKU) |
| • Epilepsy | • Food anaphylaxis (severe food allergy) |
| • Muscular Dystrophy | • Mental retardation |
| • Multiple Sclerosis | • Emotional illness |
| • Cancer | • Drug addiction and alcoholism |

Filling out Form:

- Part C of this form must be completed by a licensed medical authority (MD, DO, PA, NP-C).
- All parts of this form must be fully completed before the school can make meal modifications.
- The meal modifications will continue until a licensed medical authority requests that the modifications be changed or stopped on a specific date. This form, *Discontinuation of School Meal Modifications Prescribed by a Licensed Medical Authority*, is available from the school.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (566) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

Part A. Student, Parent/Guardian & School Contact Information – To be completed by a parent/guardian or school contact person				
1. Student's Name:		2. Date of Birth:		3. School: 4. Grade:
5. Parent/Guardian's Name:		6. Parent/Guardian's Phone:		
7. Address:				
8. School Contact's Name:		9. School Contact's Phone:		
Part B. Parent/Guardian Permission – To be completed by a parent/guardian				
I give permission for school personnel responsible for implementing my child's prescribed diet order to discuss my child's special dietary accommodations with any appropriate school staff. I also give permission for my child's licensed medical authority to further clarify the prescribed diet order on this form if requested to do so by school personnel.				
Parent/Guardian's Signature:			Date:	
Part C. Prescribed Diet Order – This part must be completed by a licensed Medical Authority as specified on page 1.				
1. Does the student have a dietary disability (as defined on page 1)? If yes, specify the dietary disability, and explain why the disability restricts the child's diet.				
2. What major life activity is affected by this student's dietary disability? Example: Allergy to peanuts affects ability to breathe.				
3. Type of Special Diet: Specify the type of special diet (e.g. low sodium, gluten-free, diabetic, etc.) or indicate "not applicable".				
4. Modified Texture:	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Chopped	<input type="checkbox"/> Ground	<input type="checkbox"/> Pureed
5. Modified Thickness of Liquids:	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Nectar	<input type="checkbox"/> Honey	<input type="checkbox"/> Spoon or pudding Thick
6. Special Feeding Equipment: List special feeding equipment (e.g. large handled spoon, sippy cup, etc.) or indicate "not applicable".				
7. Foods to be Omitted and Substituted: List specific foods to be omitted and substituted. If more space is needed, sign and attach additional sheet of paper.				
Omit Foods Listed Below:		Substitute Foods Listed Below:		
8. Licensed Medical Authority's Information (Application will be returned and no accommodations made if this section is not complete)				
Signature:		Title:		
Printed Name:		Phone:		Date: