

## MPS SPECIAL DIETARY NEEDS: EATING AND FEEDING EVALUATION

*If completing Part A please use black or blue ink only (NO PENCIL). Must complete all fields and return to food service manager*

PART A. STUDENT INFORMATION			
Student's <i>FIRST</i> Name	Student's <i>LAST</i> Name	Date of Birth	Age
Name of School <b>FAIRVIEW SCHOOL FAX: 546-7715</b>		Student I. D. #	Classroom
1. Does the child have a <i>disability</i> * as defined below? Please specify the major life activity affected by the disability in space provided (i.e. eating, performing manual tasks, caring for one's self, walking, hearing, speaking, breathing, and/or learning). <b>If yes, complete Part B of this form and have it signed by a Licensed Physician.</b>			Yes    No
2. Religious Restrictions-Please <input checked="" type="checkbox"/> all that apply  <input type="checkbox"/> No Beef <input type="checkbox"/> No Pork <input type="checkbox"/> Other - _____			Yes    No
<b>PROCEED TO PARENT/GUARDIAN SIGNATURE BOX (BELOW)</b>			
3. If the child is not disabled, does the child have special nutritional or feeding needs? <b>If yes, complete Part B of this form and have it signed by a recognized Medical Authority.</b>			Yes    No

*If completing Part B please use black or blue ink only (NO PENCIL). Complete all applicable fields and return to food service manager.*

PART B. SPECIAL DIETARY NEEDS			
<b>Diagnosis/Special Dietary Needs-Note: Severe/LIFE THREATENING food allergies (Anaphylaxis) require a signature by a Licensed Physician.</b>			
<b>Foods To Be Avoided:</b> <b>Medical Restrictions – Food Allergies OR Food Intolerances-Please <input checked="" type="checkbox"/> all that apply</b>			
<input type="checkbox"/> No Milk or Dairy Products	<input type="checkbox"/> Lactose Intolerant-Only Lactose-free Milk	<input type="checkbox"/> No Wheat/Gluten	
<input type="checkbox"/> No Peanuts or Peanut Butter	<input type="checkbox"/> No Soy	<input type="checkbox"/> No Fish	
<input type="checkbox"/> No Tree Nuts	<input type="checkbox"/> No Eggs	<input type="checkbox"/> No Shellfish	
<input type="checkbox"/> Other - _____			
<b>Food to be Substituted (Acceptable alternatives):</b>			
<b>Texture Modification-Please <input checked="" type="checkbox"/></b>			
<input type="checkbox"/> Chopped (bite-size)	<input type="checkbox"/> Ground	<input type="checkbox"/> Blended	<input type="checkbox"/> Pureed
<b>Physician/Medical Authority Printed Name</b>	<b>Signature</b>	<b>Phone Number</b>	<b>Date:</b>
<b>Parent/Guardian Printed Name</b>	<b>Signature</b>	<b>Phone Number</b>	<b>Date:</b>

\*Under Section 504 of the *Rehabilitation Act of 1973*, and the *Americans with Disabilities Act (ADA)* of 1990, a "person with a disability" 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. *This definition includes children with severe food allergies.* The term child with a "disability" under Part B of the *Individuals with Disabilities Education Act (IDEA)* means a child evaluated in accordance with IDEA as having one or more of the recognized thirteen disability categories and who, by reason thereof, needs special education and related services.  
**ANNUAL UPDATE. Order is good for one year from date of Licensed Physician or Medical Authority's Signature or School Year.**

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## Physician's Statement for Children with Disabilities and Special Dietary Needs

USDA regulations 7 CFR Part 15b require substitutions or special dietary accommodations in school meals for children whose disabilities restrict their diets. A child with a disability must be provided substitutions in foods when that need is supported by a statement signed by a licensed physician. The physician's statement must identify:

- Child's disability
- Major life activity affected by the disability
- Food or foods to be omitted from the child's diet
- Food or foods that must be substituted

The **MPS SPECIAL DIETARY NEEDS: EATING AND FEEDING EVALUATION** form is adapted from the USDA guidance: Accommodating Children with Special Needs: Guidance for School Food Service Staff, and may be used to obtain the required information from the physician and/or medical authority (see reference below).

## Managing Severe/Life Threatening Food Allergies with Anaphylactic Reactions

If the physician's assessment indicates that the food allergy may result in *severe, life-threatening (anaphylactic) reactions*, the child's condition would meet the definition of a "disability." In such cases, the prescribed substitutions by the licensed physician must be made. In addition, a licensed physician must then sign the **MPS SPECIAL DIETARY NEEDS: EATING AND FEEDING EVALUATION** form (yellow section).

## Managing (Non-severe) Food Allergies and/or Food Intolerances

***The school food service authority is not required to make food substitutions for children with non-severe food allergies or food intolerances, who do not have a disability as defined under either Section 504 of the Rehabilitation Act or Part B of IDEA.***

The school food service authority may choose to make food substitutions, at their discretion, for individual children who do not have a disability, but who are medically certified as having a special medical or dietary need. Determinations are made on a case-by-case basis. This provision covers those children who have food intolerances or allergies but do not have life-threatening reactions. In this case, a Medical Authority (other than a licensed Physician) can complete and sign the **MPS SPECIAL DIETARY NEEDS: EATING AND FEEDING EVALUATION** form. The completed and signed form must be sent to the School Nutrition Services department.

## Other Special Dietary Needs (Religious Restrictions)

If there is no known allergy, food intolerance or disability, but the parent requests that a specific food be eliminated for religious reasons, the school food service authority may choose, at their discretion, to make a food substitution, but is not required to provide a substitution. In this case, the parent may complete, sign and return the form to the food service manager.

\*Reference: Accommodating Children with Special Needs: Guidance for School Foods Service Staff, United States Department of Food and Nutrition Service, Fall 2001.  
<http://www.fns.usda.gov/cnd/Guidance/default.htm>