

## 5/15/2014

<b>A. Parent/Guardian: Complete Numbers 1-11 (Padres/tutor: Completa cajitas 1-11)</b>				
<b>1. Print Student Last Name</b> <i>(Apellido del estudiante)</i>	<b>2. Print Student First Name</b> <i>(Nombre del estudiante)</i>	<b>3. Date of Birth</b> <i>(Fecha de nacimiento)</i> <div style="text-align: center;">/ /</div>	<b>4. Grade</b> <i>(Grado)</i>	<b>5. Student ID #</b> <i>(ID del estudiante)</i>
<b>6. Print School Name</b> <i>(Nombre de escuela)</i>  <b>Check Applicable Track:</b> <i>(Marque el ciclo)</i> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> ST	<b>7. Check Applicable Box(es)</b> <i>(Marque los casilleros correspondientes)</i> <input type="checkbox"/> Pre-School <i>(Pre-escolar)</i> <input type="checkbox"/> Head Start <input type="checkbox"/> AM <input type="checkbox"/> PM		<b>8. Check Participating Meal(s) at School</b> <i>(Marque las comidas que su niño/a come en la escuela)</i> <input type="checkbox"/> Breakfast <i>(Desayuno)</i> <input type="checkbox"/> Lunch <i>(Amuerzo)</i> <input type="checkbox"/> Snack, After School Program <i>(Bocadillo, Despues de Clases)</i>	
<b>9. Print Parent/Guardian Name</b> <i>(Escriba en letra de molde el nombre de padres)</i>	<b>10. Parent/Guardian Signature</b> <i>(Firma del Padres/Tutor)</i>	<b>Date:</b> <i>(Fecha)</i> <div style="text-align: center;">/ /</div>	<b>11. Parent/Guardian Phone #</b> <i>(Numero(s) de teléfono del padres)</i> <div style="text-align: center;">(       )</div> <b>Or</b> (       )	

<b>B. Medical Authority: Complete Numbers 12-20</b>
<b>12. Check A (with disability) <u>or</u> B (without disability) and fill in REQUIRED MEDICAL INFORMATION:</b> <div style="margin-top: 10px;"> <input type="checkbox"/> <b>A. Student has a <u>disability (including anaphylactic food allergy) or medical condition</u> and requires special meals.</b>  <i>(Definitions on next page.) Schools participating in federal nutrition programs must comply with requests for special meals. <u>The State of California requires a licensed physician to sign this form (#17) and clearly identify the followings.</u></i>  <b>Student's disability or medical condition requiring special meals:</b>   <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> <b>B. Student <u>does not have a disability</u>, but is requesting a special meal <u>due to food intolerance or other medical reason</u>.</b> Food preferences are not an appropriate use of this form. Schools participating in federal nutrition programs may, but are not required to accommodate reasonable request. <i><u>The State of California requires a licensed physician, physician assistant, or nurse practitioner to sign this form (#17) and clearly identify the following.</u></i>  <b>The food intolerance or medical reason requesting a special meal:</b>   <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> </div>
<b>13. DIET PRESCRIPTION AND ANY ADAPTIVE EQUIPMENT:</b>  <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>
<b>14. REQUIRED FOOD TEXTURE:</b> <input type="checkbox"/> Regular <input type="checkbox"/> Soft <input type="checkbox"/> Chopped <input type="checkbox"/> Ground <input type="checkbox"/> Pureed <input type="checkbox"/> Other:
<b>15. LIST FOODS TO BE OMITTED AND SUBSTITUTIONS:</b> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 48%;"> <b><u>A. Foods must be Omitted or Substituted</u></b>   <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> </div> <div style="width: 48%;"> <b><u>B. Suggested Substitutions</u></b>   <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> </div> </div>

<b>16. Print Medical Authority's Name &amp; Title</b>	<b>17. Medical Authority's Signature</b> <b>Date:</b> <div style="text-align: center;">/ /</div>	<b>18. CA Medical License #</b>
<b>19. Medical Authority's Phone #</b> (       )	<b>20. Dietitian (RD/RDN) following the student, if applicable.</b> Print Name: _____ Phone #: (       )	

<b>C. School Nurse and Food Service Staff: Complete Numbers 21-22</b>	
<b>21. School Nurse (RN)</b> Print Name: _____ Email: _____	<b>Date:</b> /    / Phone #: (       )
<b>22. Food Service Manager or Lunch Clerk</b> Print Name: _____ Email: _____	<b>Date:</b> /    / Phone #: (       )

# AUHSD/ACSD Medical Statement to Request Special Meals (2014-2015)

## INSTRUCTIONS

5/15/2014

1. **Annual submission of Medical Statement to Request Special Meals (special diet request form) is required** in order to accommodate students' dietary needs for their current medical conditions. Annual special diet request starts July 1 and all special meals for current school year end in June.
2. Submission of a new/updated special diet form will replace previous/existing special diet requests.
3. After Parent/Guardian and Medical Authority fill in Section A and B respectively, please turn in the request form to School Nurse (RN) and Food Services staff to complete Section C. Additional medical document may be attached to the request form. Please keep a copy of submitted documents for your records.
4. Food Services Manager or Lunch Clerk (FSM/LC) will keep a copy in special diet file and forward the original request form and additional medical document to Assistant Director-Nutrition Services for evaluation.
5. Illegible and incomplete information on the request form will delay the process and the request may be returned or denied. **The request will not be processed if required authorization (signature from parent/guardian or medical authority), medical information (e.g. disability status and medical condition), or verification information (e.g. name and CA medical license #) is missing.**
6. When special diet order/instruction is ready, it will be emailed to FSM/LC. FSM/LC will keep a copy with request form in special diet file and gives a copy to the parent/guardian and school nurse.
7. **If the student does not follow the special meals for a period of 10 school days, the special meals will be cancelled.**
8. **Lactose free milk** is available as a replacement for fluid milk (cow's milk) for students with lactose intolerance. It can be requested through FSM/LC without a special diet request form.
9. The inquiry of **soy milk** as a fluid milk substitute requires a submission of the request form.

## DEFINITIONS:

### **Special Dietary Needs of Students WITH Disabilities**

Nutrition Services division is required to offer special meals for children whose disabilities restrict their diets as defined in USDA regulations 7 CFR Part 15b and when food allergies may result in severe, life-threatening (anaphylactic reactions) and that need is supported by a statement signed by a licensed physician.

### **Special Dietary Needs of Students WITHOUT Disabilities**

Nutrition Services division may 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. Such determinations are only made on a case-by-case basis. This provision covers those children who have food intolerances or allergies but do not have life-threatening (anaphylactic reactions) when exposed to the food(s) to which they have problems.

**"A Person with a Disability"**\* is defined as any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment.

**"Physical or mental impairment"**\* means (a) 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, genito-urinary; hemic and lymphatic; skin; and endocrine; or (b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

**"Major life activities"**\* include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

**"Has a record of such an impairment"**\* is defined as having a history of, or having been classified (or misclassified) as having a mental or physical impairment that substantially limits one or more major life activities.

(\*Citations from Section 504 of the Rehabilitation Act of 1973 and Americans with Disabilities Act of 1990)