



PLEASE TURN THIS COMPLETED FORM IN TO SCHOOL NURSE/HEALTH SERVICES

(This form is intended for those students who have a qualified disability that requires an alteration to their school meals and are under a physician's care for that disability. Please see reverse side for the USDA's definition of a qualified disability.)

Medical Referral*for Special/Modified School Meals/Food Allergies

*To be completed by prescribing Health Care Provider/Doctor

This form intended to meet current federal regulations from USDA FNS Instruction 783-2, Rev 2, Meal Sub for Medical /Other Special Dietary

Section A TO BE COMPLETED BY PARENT (please print or type)

Student Name _____ Date of birth _____
School _____ Grade _____ Teacher _____
Parent/Guardian Name _____ Daytime Phone _____ Permission for school nurse to communicate with physician regarding this request _____ / _____
Parent signature _____ Date _____

Section B TO BE COMPLETED BY PHYSICIAN (please print or type)

Patient's Diagnosis: _____
Describe the patient's condition and the major life activity affected by the condition related to the need for dietary modification: _____

Special/Modified Diet Prescription (Check all that apply):

Specific Calories _____ Amount of breakfast calories _____ Amount of lunch calories _____
Modified Texture-(check which texture) regular__ chopped__ ground__ pureed__
Sodium Restriction Amount _____ or No Added Salt ____
Tube Feeding: Formula Name _____ Amount _____ Time(s) to be given _____
Administer via: Pump Flow rate__cc/hr Gravity__ Other _____
Amount of water to follow feeding: _____cc
Oral Feeding: No__ Yes__

Note: If G-tube becomes dislodged, parent, trained emergency contact, or EMS will be called.

Diabetic _____
Other (describe) _____
Foods Omitted & Substitutions: Specific foods or food group to be omitted _____
Food substitutions** _____

****Non life-threatening milk allergy or lactose intolerance should not use this form. They should use Non-life threatening Milk Allergy/Lactose Intolerance form available from the school nurse or food services.**

Other information regarding diet/feeding _____
Food Allergies(specify) _____

Does the food allergy result in severe, life threatening reaction? Yes__ No__

Describe the reaction _____

Does the student require medication for allergic reactions? Yes*__ No__

*If yes, please complete the appropriate medication or action plan form.

I certify the above named student needs special school meals prepared as described above because of the student's disability or chronic medical condition.

Physician's Name _____ Signature _____ Telephone _____ Date _____
Distribution List/Date Given: School Nurse _____ Food Services _____ Teacher _____

THIS FORM MUST BE RENEWED AT THE BEGINNING OF EACH SCHOOL YEAR

Non-discrimination Statement: In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800)795-3272 or (202)720-6382 (TTY). USDA is an equal opportunity provider and employer.

Definition of Disability:

Federal regulations governing the Child Nutrition Programs provide that schools must make substitutions in breakfasts, lunches and afterschool snacks for students who are considered to have a disability and whose disability restricts their diet.

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. The term "physical or mental impairment" includes, but is not limited to, such diseases and conditions as:

- orthopedic, visual, speech, and hearing impairments
- cerebral palsy
- epilepsy
- muscular dystrophy
- multiple sclerosis
- cancer
- heart disease
- metabolic diseases, such as diabetes or phenylketonuria (PKU)
- food anaphylaxis (severe food allergy)
- mental retardation
- emotional illness
- drug addiction and alcoholism
- specific learning disabilities
- HIV disease
- tuberculosis.

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. IDEA recognizes thirteen disability categories which establish a child's need for special education and related services. These disabilities include:

- autism
- deaf-blindness
- deafness or other hearing impairments
- mental retardation
- orthopedic impairments
- other health impairments due to chronic or acute health problems, such as asthma, diabetes, nephritis, sickle cell anemia, a heart condition, epilepsy, rheumatic fever, hemophilia, leukemia, lead poisoning, tuberculosis
- emotional disturbance
- specific learning disabilities
- speech or language impairment
- traumatic brain injury
- visual impairment, including blindness which adversely affects a child's educational performance
- multiple disabilities
- attention deficit disorder or attention deficit hyperactivity disorder may fall under one of the thirteen categories. Classification depends upon the particular characteristics associated with the disorder and how the condition manifests itself in the student, which will determine the category.

The Individualized Education Program or IEP means a written statement for a child with a disability that is developed, reviewed, and revised in accordance with the IDEA and its implementing regulations. The IEP is the cornerstone of the student's educational program that contains the program of special education and related services to be provided to a child with a disability covered under the IDEA.

Please refer to the Acts noted above for a more detailed explanation. Major life activities covered by this definition include caring for one's self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, sitting, thinking, concentrating, learning, interacting with others, reading, standing, lifting, bending, and working.