

July 1, 2011

Dear Parent/Guardian:

According to our records, during school year 2010 your student had a special dietary need that required modification of the school menu. The *Medical Statement to Request School Meal Modification* is attached to this letter. On the front of that form there is information about the three categories of meal modifications that can be requested, and the procedures that applies to each category. Please read this information carefully before completing the form.

To ensure the requested meal modifications can be made on the first day of school, return the completed medical statement by July 15, 2011 to Gwen Childs at **2112 N. 18<sup>th</sup> Street, Kansas City, KS 66102.**

If you are submitting a request for meal modification at a time other than the beginning of the school year or after July 15, 2011, it will take approximately 2 weeks from the time the request is received in the Nutritional Services Office until it can be implemented. **Please remember that parents are responsible for providing a sack lunch for their child until special diet meals start delivery to your student's school.**

Please remember in order for the statement to be valid for the 2011-2012, it must be dated after **July 1, 2011.**

If you have questions or need assistance, please call Gwen M. Childs at 913-627-3919.

Sincerely,

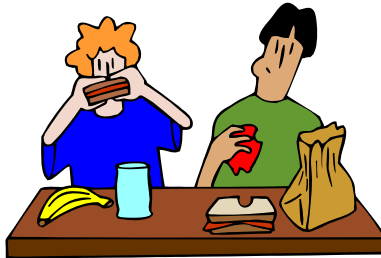
Gwen Childs  
Coordinator of Cafeteria Operations  
Nutritional Services, Kansas City, Kansas Public Schools

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Student Name:

Diet Requirement:

# Special Diet Forms Fast Facts



- Special Diet Forms **must be signed by** Parent and the Medical Authority in order for the forms to be **processed**, unless the Medical Authority is not needed according to guidelines
- **Notes, Letters, and/or comments written on prescription pads can not be accepted in lieu of required forms**
- Because we sometimes have **students with the same name** it is important to complete all of the student and parent information on the forms.
- If your student has an allergy that **requires** the use of an **Epi-pen**, a Medical Authority will need to complete Section B.
- If a student has a **Disability, then section B** can **only** be completed by a **licensed physician**
- Please enclose **a current picture** of your child on the last page of the forms (The picture page)
- Please remember **parents are responsible** for providing meals for their student, until their student's special diet is initiated at their school.
- Parents can complete the **Omit Fluid Cow's Milk** section D of the form without going to the Doctor. This section is only to be used when your student cannot drink all types of fluid milk.
- Please remember in order for the statement to be valid for the 2011-2012, it must be dated after **July 1, 2011**.



# Medical Statement to Request School Meal Modification

**Important!** Select the applicable meal modification category from the three listed below. Then carefully read and follow the procedures for that category. The school will return incomplete Medical Statements to the parent/guardian. If you have questions about this form, the school contact named in Part A below will assist you.

**1. Modification due to a disability:**

- Nutritional Service is required to make meal modifications prescribed by a licensed physician to accommodate a student's disability. See the definition of disability on the back of this form.
- **Part B** of this form must be completed by a licensed physician (MD or DO).
- **Parts A and C** of this form must also be completed before the school can make meal modifications.
- The meal modifications will continue until a licensed physician requests that the modifications be changed or stopped on the Discontinuation Form, which is available from the school nurse.

**2. Modification due to a food allergy/intolerance, or other medical condition that does not rise to the level of a disability:**

- Nutritional Services has the option to make meal modifications prescribed by a medical authority due to a food allergy/intolerance or other medical condition that does not rise to the level of a disability.
- **Part B** of this form must be completed by a medical authority who is a licensed physician (MD or DO), physician's assistant (PA), or advanced registered nurse practitioner (ARNP).
- **Parts A and C** of this form and the **Food Waiver** form must also be completed before the school can make meal modifications.
- If Nutritional Services chooses to make the meal modifications, they will continue until a medical authority requests that the modifications be changed or stopped on Discontinuation Form, which is available from the school nurse.

**3. Substitution for fluid cow's milk due to lactose intolerance, allergy:**

- Nutritional Services has the option to make a substitution for fluid cow's milk that is requested by a parent/guardian, but that is not prescribed by a medical authority.
- **Parts A and D** of this form must be completed before the school can make a substitution for fluid cow's milk.
- If Nutritional Services chooses to provide such a substitution, they will continue until a parent/guardian requests that the substitution be changed or stopped on Discontinuation Form, which is available from the school nurse.

**Please include a picture on the last page for Identification of student.**

<b>Part A. Student, Parent/Guardian &amp; School Contact Information</b> – To be completed by a parent/guardian			
Student's Name:		Date of Birth:	School:
Parent/Guardian's Name:		Parent/Guardian's Phone:	
Parent/Guardian's Address:		Parent's email address:	
School Nurse Name:	<b>Meal Needed: Please circle</b> Breakfast   Lunch   Kidzone	Nutritional Services Only: DR:	DMC:
<b>Part B. Prescribed Diet Order</b> – This part must be completed by a medical authority as specified above.			
1. Check ONE: <input type="checkbox"/> Disability OR <input type="checkbox"/> Food allergy/intolerance or other medical condition that does not rise to the level of a disability			
2. Specify the disability, food allergy/intolerance or medical condition related to the prescribed diet order.			
3. If the student has a disability, what major life activity is affected? <b>Example:</b> Allergy to peanuts affects ability to breathe.			
4. Type of Special Diet: <input type="checkbox"/> Check if not applicable OR specify the type of special diet (e.g. low sodium, gluten-free, diabetic, etc.).			

5. Modified Texture:	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Chopped	<input type="checkbox"/> Ground	<input type="checkbox"/> Pureed
6. Modified Thickness of Liquids:	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Nectar	<input type="checkbox"/> Honey	<input type="checkbox"/> Spoon or Pudding Thick

7. Special Feeding Equipment:  
 Check if not applicable OR list special feeding equipment (e.g. large handled spoon, sippy cup, etc.).

**8. Foods to be Omitted and Substituted:**

Check if not applicable OR 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:

**9. Medical Authority's Information**

Signature:	Title:	
Printed Name:	Phone:	Date:

**Part C. Parent/Guardian Permission – To be completed by a parent/guardian**

I give permission for Gwen Childs to follow the prescribed diet order for my child's school meals. I also give permission for my child's 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 D. Request Substitution for Fluid Cow's Milk due to Lactose Intolerance, or Allergy, – To be completed by a parent/guardian**

Instead of fluid cow's milk, please substitute (Check ONE):  Soy milk approved by USDA or  No substitute

**Parent/Guardian's Signature:**

**Date:**

**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. 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

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# Food Waiver Sheet

Please complete this form, if you are allergic to the following items. Please check the items that your child eats even though those foods might fall within their allergy category. **Ex. child is allergic to Eggs but can tolerate bread baked with Eggs.**

Check only the items that student **can** eat:

<b>Peanut Allergy</b>	<b>Milk Allergy</b>	<b>Eggs Allergy</b>
<ul style="list-style-type: none"> <li><input type="radio"/> Peanuts</li> <li><input type="radio"/> Peanut Butter</li> <li><input type="radio"/> Peanut Oil</li> <li><input type="radio"/> Items made with Peanut Oil</li> <li><input type="radio"/> Peanut Flour</li> <li><input type="radio"/> Soybeans</li> <li><input type="radio"/> Soy Nuts</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Whole Milk</li> <li><input type="radio"/> Chocolate Milk</li> <li><input type="radio"/> Strawberry Milk</li> <li><input type="radio"/> American Cheese</li> <li><input type="radio"/> Swiss Cheese</li> <li><input type="radio"/> Yogurt</li> <li><input type="radio"/> Ice Cream</li> <li><input type="radio"/> Bread/Bun made with Milk</li> <li><input type="radio"/> Pancakes made with Milk</li> <li><input type="radio"/> Chocolate Pudding</li> <li><input type="radio"/> Pizza</li> <li><input type="radio"/> Hot Pockets</li> <li><input type="radio"/> Macaroni n Cheese</li> <li><input type="radio"/> Soy Milk</li> <li><input type="radio"/> Ranch Dressing</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Fried Eggs</li> <li><input type="radio"/> Scrambled Eggs</li> <li><input type="radio"/> Omelet with Cheese</li> <li><input type="radio"/> Bread/Buns made with Eggs</li> <li><input type="radio"/> Pancakes made with Eggs</li> <li><input type="radio"/> Waffles made with Eggs</li> <li><input type="radio"/> Breakfast Burrito</li> <li><input type="radio"/> Egg Rolls</li> </ul>
<b>Nuts Allergy</b>	<b>Chicken/Poultry Allergy</b>	Other Allergy _____
<ul style="list-style-type: none"> <li><input type="radio"/> Tree Nuts</li> <li><input type="radio"/> Walnuts</li> <li><input type="radio"/> Pecans</li> <li><input type="radio"/> Almonds</li> <li><input type="radio"/> Cashews</li> <li><input type="radio"/> Coconuts</li> <li><input type="radio"/> Macadamia</li> <li><input type="radio"/> Sesame Seed Flour</li> <li><input type="radio"/> Other _____</li> <li><input type="radio"/> Other _____</li> <li><input type="radio"/> Other _____</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Fried Chicken</li> <li><input type="radio"/> Baked Chicken</li> <li><input type="radio"/> Orange Chicken</li> <li><input type="radio"/> Chicken Nuggets</li> <li><input type="radio"/> Chicken Wings</li> <li><input type="radio"/> Chicken Tenders</li> <li><input type="radio"/> Chicken Wings</li> <li><input type="radio"/> Turkey Franks</li> <li><input type="radio"/> Turkey Burgers</li> <li><input type="radio"/> Turkey (Any Parts)</li> <li><input type="radio"/> Bologna/Lunch Meat</li> <li><input type="radio"/> Other _____</li> </ul>	

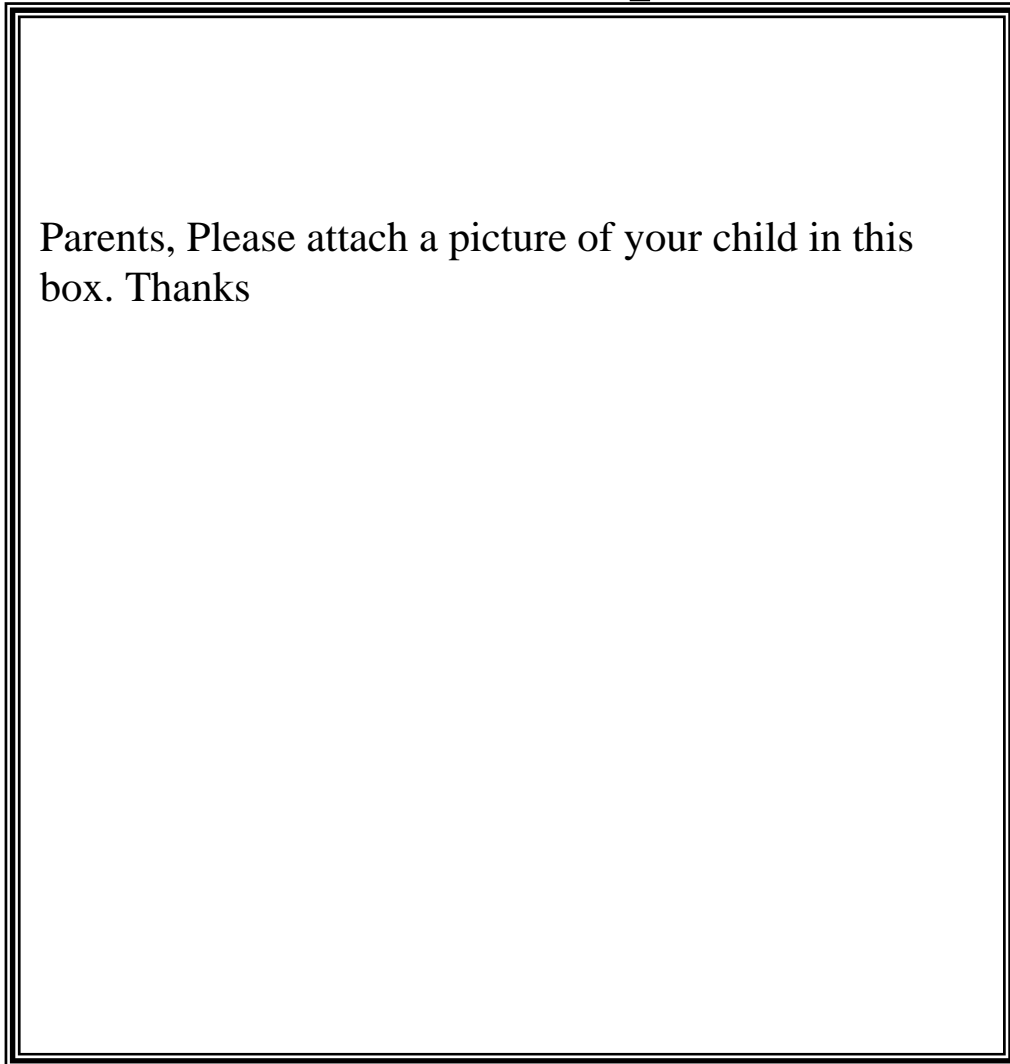
I certify that the above named student needs special school meals as described above due to the student's food allergy or intolerances. I understand that this form must be completed in full before Nutritional Services can prepare my child's meals.

\_\_\_\_\_  
Recognized Medical Authority Signature    Telephone Number    Date

\_\_\_\_\_  
 Signature of Preparer or Other Contact    Telephone Number    Date

# Picture Page

**This child is on a special diet.**



**Do Not Write Below This Line: For Office use only**

Hi! I am \_\_\_\_\_

I am on a special diet. I can not have any

\_\_\_\_\_

Thank you for cooperation.  
A child who needs your attention.