

■ **Medical or Special Dietary Needs**

Meal Substitutions for Medical or Other Special Dietary Reasons

The USDA FCS publication *Guidance for School Food Service Staff, Accommodating Children with Special Dietary Needs in the School Nutrition Programs* should be filed at the end of this section. A copy was distributed to all school districts and can also be downloaded from:

http://www.fns.usda.gov/cnd/Guidance/special_dietary_needs.pdf.

This document should be reviewed for complete guidance on providing foodservice for children with special dietary needs.

Child nutrition programs regulations require participating school districts to offer to all participants breakfasts, lunches, suppers, supplements and milk that meet the meal requirements identified in the program regulations. Departmental regulations further require substitutions to the standard meal requirements for participants who are considered disabled and whose disability restricts their diet, and may, at their discretion, make substitutions for other participants who are not disabled but are unable to consume regular program meals because of medical or other special dietary needs. The provisions requiring substitutions for disabled participants respond to the requirements of Section 504 of the Rehabilitation Act of 1973 and to the USDA's implementing regulations, 7 CFR Part 15b.3, which provide that no otherwise qualified disabled individuals shall solely on the basis of disability be excluded from participation in, be denied benefit of or subjected to discrimination under any program or activity receiving federal financial assistance.

School districts are required to offer program meals to participants with disabilities whenever program meals are offered to the general populations served by the programs. School districts should be aware that the Individuals with Disabilities Education Act (IDEA) imposes requirements on states that may affect them, including the service of meals even when such service is not required by the child nutrition programs.

For example, the Individualized Education Program (IEP) developed for a child under the IDEA may require a meal to be served outside of the regular meal schedule for program meals or may require a breakfast to be served in a school that does not participate in the School Breakfast Program. While the school may not claim these meals as program meals, it may use the same foodservice facilities or foodservice management company to provide them and program funds may be used to pay for the costs associated with the IDEA-required meals.

Disabled Participants

"Disabled person" is defined as any person who has "a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment." "Major life activities" are defined as "functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working." School districts participating in the child nutrition programs are required to make substitutions or modifications to the meal requirements for those participants with disabilities who are unable to consume the meals offered to non-disabled participants.

Determinations of whether a participant has a disability that restricts his or her diet are to be made on an individual basis by a licensed physician. The physician's medical statement of the participant's disability must be based on the regulatory criteria for "disabled person" and contain a finding that the disability restricts the participant's diet (*sample form on page 13.7*). In the cases where school district staff have consulted with the physician issuing the statement and it is still unclear whether the statement meets the regulatory criteria, the school district may consult the Colorado Department of Education Nutrition Unit.

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A participant whose disability restricts his or her diet shall be provided substitutions in foods only when supported by a statement signed by a licensed physician. The medical statement shall identify:

- A. The participant's disability and an explanation of why the disability restricts the participant's diet;
- B. The major life activity affected by the disability; and
- C. The food or foods to be omitted from the participant's diet, and the foods that must be substituted.

** If the disability would require caloric modifications or the substitution of a liquid nutritive formula, for example, this information must be included in the statement. If the disabled participant requires only textural modification(s) to the regular program meal, as opposed to a meal requirement modification, the medical statement is recommended but not required. In such cases, the purpose of the statement is to assist the school district in providing the appropriate textural modification(s). Unless otherwise specified by the physician, the meals modified for texture will consist only of food items and quantities specified in the regular menus.

School districts should provide parents or guardians with 7CFR Part 15b.3 (*see page 13.9*) so that their physicians may correctly assess whether an individual's disability meets the regulatory criteria. It is suggested that school districts consider the use of the services of a registered dietitian to assist in implementing the medical statement, as appropriate.

Generally, participants with food allergies or intolerances are not "disabled persons," and school districts are not required to make substitutions for them. However, if a physician assesses that food allergies may result in severe, life-threatening reactions (anaphylactic reactions), the participant then meets the definition of "disabled person," and the foodservice personnel must make the substitutions prescribed by the physician.

Participants with Other Special Dietary Needs

A school district may, at its discretion, make substitutions for individual participants who are not disabled persons but are unable to consume a food item because of medical or other special dietary needs. Such substitutions may only be made on a case-by-case basis when supported by a statement signed by a recognized medical authority. In these cases, recognized medical authorities may include physicians, physician assistants or nurse practitioners.

For these *non-disabled* participants, the supporting statement shall include:

- A. an identification of the medical or other special dietary need that restricts the participant's diet; and
- B. the food or foods to be omitted from the participant's diet and the food or choice of foods that may be substituted.

School districts are not required to make substitutions for participants whose conditions do not meet the definition of disabled person. For example, individuals who are overweight or have elevated blood cholesterol generally do not meet the definition of disabled person, and thus school districts are not required to make meal substitutions for them. In fact, in most cases, the special dietary needs of non-disabled participants may be managed within the normal program meal service when a well-planned variety of nutritious foods is available to children, and/or offer versus serve is available and implemented.

Milk Substitution for Children with Medical or Special Dietary Needs (Non-Disability)

Schools have the option to offer a nondairy milk substitute to a student with a medical or special dietary need other than a disability. The final rule *Fluid Milk Substitutions in the School Nutrition Programs* (73 FR 52903, September 12, 2008) seeks to ensure that students with non-disabling allergies, culture, religion, or ethical beliefs that preclude the consumption of cow's milk still receive the important nutrient found in milk. The final rule sets nutrition standards for the nondairy milk substitutes that may be offered as part of the reimbursable meal.

This final rule does not apply in cases of disability. For a student with a recognized disability who cannot consume cow's milk, the school must omit and/or substitute fluid milk based on the written statement from a licensed physician.

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Milk Substitution for Children with Medical or Special Dietary Needs (Non-Disability): SP 35-2009

1. Q: *What are the main changes prompted by the final rule?*

A: *The most significant changes are:*

- *Allows parents/guardians to request a fluid milk substitute for a child with medical or special dietary needs other than a disability*
- *Establishes nutrient standards for nondairy beverages offered as fluid milk substitutes in the school meal program*

2. Q: *Does the final fluid milk substitution rule apply to the NSLP, SBP, ACSP and seamless summer option?*

A: *Yes, the milk substitution provision is applicable to all institutions participating in these school meals programs. If a school or institution chooses to offer a milk substitute for a child with a medical or special dietary need other than disability, the nondairy product that is offered as a part of the reimbursable meal must meet the nutrient standards established by the final rule.*

3. Q: *Does the final fluid milk substitution rule apply to the Special Milk Program (SMP)?*

A: *Yes. Although the final milk substitution rule does not specifically refer to the SMP, USDA is extending the final rule to this Program. USDA wants to ensure that school-age children who cannot consume cow's milk due to a medical or special dietary need have access to a nondairy beverage that supplies the important nutrients found in cow's milk. Therefore, if an SMP operator decides to offer a milk substitute to a child with a medical or special dietary need other than a disability, the program operators must provide a nondairy beverage that meets the nutrition standards in the final rule in order to receive Federal reimbursement. Juice, water, or other beverages no longer qualify as a milk substitute and no reimbursement will be provided for them as an alternate beverage.*

4. Q: *Does the final milk substitution rule apply to the CACFP and SFSP?*

A: *No, Section 9(a)(2)(B) of the NSLA only addresses the substitution of milk in the school meal programs.*

5. Q: *Is a meal without fluid milk or an acceptable milk substitute reimbursable?*

A: *Under Offer vs. Serve (OvS), a meal without fluid milk is reimbursable. If there is no OvS, a reimbursable meal must include milk or an acceptable milk substitute as described in this rule, except for a student with a disability (in which case this rule does not apply because the school must follow the licensed physician's written statement).*

6. Q: *Must the school offer a milk substitute for a child with a medical or special dietary need at the request of a medical authority or a parent?*

A: *No, a school has discretion to offer a milk substitute as part of the reimbursable meal to a child with a medical or special dietary need other than a disability. However, FNS is concerned about the ability of children making this request to obtain the key nutrients found in fluid milk through school meals programs. We encourage schools to try to meet the dietary needs of these children by offering a nondairy beverage that meets the requirements of the final rule. If the school chooses to do so, it must accept a written request from a medical authority (as defined by CDE) or a parent/legal guardian.*

7. Q: *Must a school comply with a statement from a licensed physician or a medical authority indicating that a specific beverage (e.g., juice) must be provided in place of milk to a child with a medical or special dietary need other than a disability?*

A: *No, a school needs to comply with a statement from a licensed physician only when a milk substitution is necessary due to a disability. When the milk substitution request is due to a medical or special dietary need other than a disability, the school chooses whether to accommodate the student and selects the nondairy beverage(s) in accordance with the final milk substitution rule.*

8. Q: *If a school chooses to offer milk substitutes for children with medical or special dietary needs, may it only accept written requests from medical authorities?*

A: *No, the school does not have the option to refuse a parent's request. Section 9(a)(2)(B) of the NSLA and program regulations at 7 CFR 210.10 (g)(2)(ii)(B) allow a statement from a parent/guardian, as well as a medical authority.*

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9. *Q: What type of documentation must be submitted to the school to request a milk substitute for a child with a medical or special dietary need other than a disability?*
A: The written request from the medical authority or the parent/guardian must identify the student's medical or other special dietary need that precludes the consumption of cow's milk. No other information is required.
10. *Q: Do the regulations prohibit a school food service operation from offering children with medical or special dietary needs a milk substitute that does not meet the nutrient standards in this rule?*
A: The final milk substitution rule addresses the substitution of milk as part of the reimbursable school meal. However, if a meal includes a milk substitute that does not meet the requirement of this rule (e.g., juice) no reimbursement would be provided for that meal.
11. *Q: Is it necessary to offer a choice of acceptable milk substitutes?*
A: No, a school may offer one or more acceptable milk substitutes for children with medical or special dietary needs.
12. *Q: What are the acceptable reasons for requesting a milk substitute for a student who does not have a recognized disability?*
A: Section 9(a) (2)(B) of the National School Lunch Act does not specify the medical or special dietary needs that are covered by the milk substitution provision. Any reasonable request could be accepted. For example, a request due to a milk allergy, vegan diet, as well as religious, cultural or ethical reasons would be acceptable and could be accommodated. If a request only states that a child does not like milk, this student can be offered flavored milk instead of a milk substitute that meets the requirement of this rule.
13. *Q: Should lactose-free milk always be the substitute for a non-disabled student with lactose intolerance, even if the written statement indicates that water or juice should be provided?*
A: Water or juice can no longer be offered as a fluid milk substitute for a student with medical or special dietary needs. For practical reasons, lactose-free milk provides the same key nutrients found in regular cow's milk and is readily available nationwide. Furthermore, FNS allows lactose-free milk to be provided as part of the reimbursable meal without documentation. A nondairy beverage meeting the requirements of the final milk substitution rule could also be offered, but it is not necessary.
14. *Q: Is water an allowable substitute for milk and does it need to be fortified?*
A: Water is not considered an acceptable substitute for fluid milk. Only a beverage meeting the nutrient standards at levels specified in the final rule may be substituted for fluid milk. (Also see question 18)
15. *Q: May a school decline to offer an acceptable milk substitute to children with medical or special dietary needs, other than disabilities, due to cost?*
A: Yes, a school has the choice to accommodate a milk substitution request from a child with medical or special dietary needs other than a disability. However, the NSLP and SBP seek to safeguard the well-being of all children, including those with special needs. We believe that accommodating the medical or special dietary needs of children helps to maintain student participation in the school meals programs. Because milk substitution requests are granted on a case-by-case basis and a school selects the acceptable nondairy beverage(s), USDA anticipates that in most cases the substitution could be accommodated without undue financial hardship. However, in some situations, cost may be a legitimate reason for declining to offer a milk substitute to a child with a medical or special dietary need.

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16. *Q: May a school claim a meal that includes four food items (other than fluid milk) and beverage brought from home, as indicated by a medical authority or licensed physician?*

A: Under OvS, a meal without fluid milk can be reimbursable. If there is no OvS, a reimbursable meal for a child with a medical or special dietary need must include milk or an acceptable milk substitute provided by the school as part of a reimbursable meal. If the school does not offer an acceptable milk substitute for students with disabilities, the student has to take the fluid milk for the meal to be reimbursable.

If the student has a disability, the school can omit or substitute fluid milk based on the written statement from a licensed physician. For a student with a recognized disability, the meal may consist of only four menu items and a beverage from home, if so prescribed by a licensed physician.

17. *Q: Does a school have to accept milk substitution requests even if it is not offering a milk substitution for children with medical or special dietary needs?*

A: If a school has decided not to offer a milk substitution for students with medical or special dietary needs, it should communicate this decision to all households at the beginning of the school year to minimize the number of written requests. USDA does not expect schools to keep documentation of non-disability milk substitution requests that are not being implemented.

18. *Q: Can an SFA continue to honor milk substitution requests for children without disabilities that were approved prior to this final rule and, thus, offer juice in place of fluid milk?*

A: No. In SY 2008-2009, FNS temporarily allowed SFAs to honor accommodations granted under previous meal variation regulation because at that time there were no acceptable milk substitutes in the market. USDA understands that some acceptable products are currently available. Therefore, beginning in SY 2009-2010, SFAs that wish to offer a milk substitute for a student with a medical or special dietary need other than a disability must offer a beverage that meets the nutrient standards established in the final rule. This rule does not restrict the ability of schools to continue offering lactose-free milk as part of the reimbursable meal for children who have lactose intolerance.

19. *Q: How can schools determine what products meet the requirements of this final rule?*

A: Because the Nutrition Facts Label nutrition label on food products does not list all the required nutrients (see below), the food service operation needs to request documentation from the product manufacturer to confirm the presence of all required nutrients at the proper levels. CDE can provide guidance or assist with product selection. See page 13.10.

Milk Substitute Nutrition Standards

Nutrient	Per Cup (8 oz)
Calcium	276 mg
Protein	8 g
Vitamin A	500 IU
Vitamin D	100 IU
Magnesium	24 mg
Phosphorus	222 mg
Potassium	349 mg
Riboflavin	.44 mg
Vitamin B-12	1.1 mcg

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Reimbursement and Availability of Substitutions

Reimbursement for meals served with an authorized substitute food to disabled participants or to participants with other special dietary needs shall be claimed at the same reimbursement rate as meals that meet meal requirements. Furthermore, there shall not be a supplementary charge for the substituted food item(s) to either a disabled participant or to a participant with other special dietary needs. In providing foodservices, recipients of federal financial assistance "may not discriminate on the basis of disability" and "shall serve special meals, at no extra charge, to students whose disability restricts their diet." While any additional costs for substituted foods are considered allowable program costs, no additional child nutrition program reimbursement is available. Sources of supplemental funding may include special education funds (if the substituted food is specified in the child's Individualized Education Program), the general account of the school district or the non-profit school foodservice account.



20. Q: Does USDA maintain a list of acceptable products?

A: No, school food authorities (SFAs) are responsible for selecting and purchasing food. USDA does not approve or endorse any nondairy beverage intended to be offered as a milk substitute. USDA understands that availability of products meeting the nutrient standards in this rule varies across the country. SFAs may seek help from CDE to identify acceptable products or potential manufacturers (see page 13.10).

21. Q: Are the milk substitution requirements for the NSLP and the WIC food package the same?

A: Yes, the required nutrient standards are the same. Other requirements in the milk substitution rule, such as the written substitution request, do not apply to WIC.

22. Q: Is FNS Instruction 783-2, Rev. 2, Meal Substitutions for Medical or Other Special Dietary Reasons still valid?

A: Yes, this Instruction, issued on October 14, 1994, is still current and applies to meal variations for children with and without disabilities. The final milk substitution rule establishes additional requirements that only apply to fluid milk substitutions for children without disabilities.

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Accessibility

Where existing foodservice facilities are not completely accessible and usable, recipients may provide aides or use other equally effective methods to serve food to disabled persons. The school district is responsible for the accessibility of foodservice sites and for ensuring the provision of aides where needed. As with additional costs for substituted foods, any additional costs for adaptive feeding equipment or for aides are considered allowable costs. However, no additional child nutrition program reimbursement is available. Sources of supplemental funding may include special education funds (if specified in the child's IEP), the general account of the school district or the non-profit school foodservice account. Furthermore, recipients must be provided all food services in the most integrated setting appropriate to the needs of the disabled persons.

The program must ensure that disabled persons participate with non-disabled persons to the maximum extent appropriate to the needs of the disabled person in question.

Cooperation

When implementing these guidelines, foodservice personnel should work closely with the parent(s) or responsible family member(s) and with all other school, child care, medical and community personnel who are responsible for the health, well-being and education of participants with disabilities or with other special dietary needs to ensure that reasonable accommodations are made to allow such individuals' participation in the meal service.

1. Q: Does the definition of disabled person include children with allergies, food intolerance and obese children?



A: We interpret the definition of disabled person to mean that children with the above conditions are generally not considered disabled unless the child's condition substantially limits one or more major life activities. It is up to the child or his parent or guardian to request the special meals and to provide medical certification, as described above from a medical doctor.

2. Q: Where can a foodservice manager in a school or institution participating in the child nutrition programs obtain assistance in planning appropriate foods for disabled children with special dietary needs?

A: The director of public health nutrition in each state's health department and the state special education director are excellent sources of information on feeding children with special dietary needs. They will be able to either provide direct assistance or refer the food service manager to a local source of assistance.

3. Q: After the special meal has been provided, who is responsible for assisting with feeding if the child cannot feed him/herself?

A: Assistance with feeding is the school's responsibility. It is not the responsibility of the foodservice manager. Many schools and institutions will already have aides available to provide this service as part of the child's total care plan.

4. Q: If a disabled child's meal requires special preparation, equipment or feeding utensils, who is responsible for the purchase of such equipment?

A: Section 504 specifies that program administrators must serve special meals at no extra charge to disabled students whose disability restricts their diet. Furthermore, there is no provision for additional federal reimbursement for the added expense. However, these costs are legitimate program costs that can be paid for out of the general foodservice funds that include regular federal reimbursement. If the administering agency is unable to absorb the costs, program administrators should investigate funding sources at the state and local agency level, such as vocational rehabilitation agencies.

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USDA Regulations – 7 CFR Part 15b.3 *The school district should provide parents or guardians with 7 CFR Part 15b.3 so their physicians may correctly assess whether an individual's disability meets the regulatory criteria.*

§ 15b.3 Definitions.

As used in this part, the term or phrase:

- (a) *The Act* means the Rehabilitation Act of 1973, Public Law 93-112, 87 Stat. 390 (1973), as amended by the Rehabilitation Act Amendments of 1974, Public Law 93-651, 89 Stat. 2 (1974) and Public Law 93-516, 88 Stat. 1617 (1974) and the Rehabilitation, Comprehensive Services and Developmental Disabilities Amendments of 1978, Public Law 95-602, 92 Stat. 2955 (1978). The Act appears at 29 U.S.C. 701-194.
- (b) *Section 504* means section 504 of the Act, 29 U.S.C. 794.
- (c) *Education of the Disabled Act* means the Education of the Disabled Act, Public Law 92-230, Title VI, 84 Stat. 175 (1970), as amended by the Education of the Disabled Amendments of 1974, Public Law 93-380, Title VI, 88 Stat. 576 (1974), the Education for All Disabled Children Act of 1975, Public Law 94-142, 89 Stat. 773 (1975), and the Education of the Disabled Amendments of 1977, Public Law 95-49, 91 Stat. 230 (1977). The Education of the Disabled Act appears at 20 U.S.C. 1401-1461.
- (d) *Department* means the Department of Agriculture and includes each of its operating agencies and other organizational units.
- (e) *Secretary* means the Secretary of Agriculture or any officer or employee of the Department to whom the Secretary has delegated or may delegate the authority to act under the regulations of this part.
- (f) *Recipient* means any State or its political subdivision, any instrumentality of a State or its political subdivision, any public or private agency, institution, organization, or other entity, or any person to which Federal financial assistance is extended directly or through another recipient, but excluding the ultimate beneficiary of the assistance.
- (g) *Federal financial assistance or assistance* means any grant, contract (other than a procurement contract or a contract of insurance or guaranty), cooperative agreement, formula allocation, loan, or any other arrangement by which the Department provides or otherwise makes available assistance in the form of:
 - (1) Funds;
 - (2) Services of Federal personnel;
 - (3) Real and personal Federal property or any interest in Federal property, including:
 - (i) A sale, transfer, lease or use (on other than a casual or transient basis) of Federal property for less than fair market value, for reduced consideration or in recognition of the public nature of the recipient's program or activity; and
 - (ii) Proceeds from a subsequent sale, transfer or lease of Federal property if the Federal share of its fair market value is not returned to the Federal Government.
 - (4) Any other thing of value.
- (h) *Facility* means all or any portion of buildings, structures, equipment, roads, walks, parking lots, or other real or personal property or interest in such property.
- (i) *Disabled person* 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.
- (j) *Physical or mental impairment* means (1) 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 (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. 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; diabetes; mental retardation; emotional illness; and drug addiction and alcoholism.
- (k) *Major life activities* means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.
- (l) *Has a record of such an impairment* means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities.
- (m) *Is regarded as having an impairment* means (1) has a physical or mental impairment that does not substantially limit major life activities but that is treated by a recipient as constituting such a limitation; (2) has a physical or mental impairment that substantially limits major life activities only as a result of the attitudes of others towards such impairments, or (3) has none of the impairments defined in paragraph (j) of this section but is treated by a recipient as having such an impairment.
- (n) *Qualified disabled person* (used synonymously with *otherwise qualified disabled individual*) means:
 - (1) With respect to employment, a disabled person who, with reasonable accommodation, can perform the essential functions of the job in question, but the term does not include any individual who is an alcoholic or drug abuser whose current use of alcohol or drugs prevents such individual from performing the duties of the job in question or whose employment, by reason of such current alcohol or drug abuse, would constitute a direct threat to property or the safety of others;
 - (2) With respect to public preschool, elementary, secondary, or adult educational services, a

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USDA Regulations – 7 CFR Part 15b.3 (cont.)

- disabled person, (I) of an age during which non-disabled person are provided such services, (ii) of an age during which it is mandatory under State law to provide such services to disabled persons, or (iii) to whom a state is required to provide a free appropriate public education under section 612 of the Education of the Disabled Act; and
- (3) With respect to postsecondary and vocational education services, a disabled person who meets all academic and technical standards requisite to admission or participation in the recipient's education program or activity;
- (4) With respect to other services, a disabled person who meets the essential eligibility requirements for the receipt of such services.
- (o) *Disability* means any condition or characteristic that renders a person a disabled person as defined in paragraph (I) of this section.
- (p) *For purposes of §15b.18(d), Historic preservation programs* means programs receiving Federal financial assistance that has preservation of historic properties as a primary purpose.
- (q) *For purposes of §15b.18(e), Historic properties* means those buildings or facilities that are eligible for listing in the National Register of Historic Places, or such properties designated as historic under a statute of the appropriate state or local government body.
- (r) *For purposes of §15b.18(d), Substantial impairment* means a significant loss of the integrity of finished materials, design quality or special character which loss results from a permanent alteration.

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EATING AND FEEDING EVALUATION: CHILDREN WITH SPECIAL NEEDS

PART A			
Student's Name			Age
Name of School		Grade Level	Classroom
Does the child have a disability? If yes, describe the major life activities affected by the disability.		Yes	No
Does the child have special nutritional or feeding needs? If yes, complete Part B of this form and have it signed by a licensed physician.		Yes	No
If the child does not require special meals, the parent can sign at the bottom and return the form to the school food service.			
PART B			
List any dietary restrictions or special diet.			
List any allergies or food intolerances to avoid.			
List foods to be substituted.			
List foods that need the following change in texture. If all foods need to be prepared in this manner, indicate "All". Cut up or chopped into bite size pieces: Finely ground: Pureed:			
List any special equipment or utensils that are needed.			
Indicate any other comments about the child's eating or feeding patterns.			
Parent's Signature			Date:
Physician or Medical Authority's Signature			Date:

7 CFR PART 15b

"Disabled person" means any person who has a physical or mental impairment which substantially limits one or more major life activities, has record of such an impairment, or is regarded as having such an impairment.

"Physical or mental impairment" means (1) 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, genitourinary, hernic and lymphatic skin, and endocrine or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. 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, diabetes, mental retardation, emotional illness, drug addiction, and alcoholism.

"Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, breathing, learning, and working.

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School Guidelines for Managing Students with Food Allergies

Food allergies can be life threatening. The risk of accidental exposure to foods can be reduced in the school setting if schools work with students, parents and physicians to minimize risks and provide a safe educational environment for food –allergic students.

The following organizations participated in the development of the information provided below:

School Nutrition Association , National Association of Elementary School Principals, National Association of School Nurses, National School Boards Association, The Food Allergy & Anaphylaxis Network.

Family's Responsibility

- Notify the school of the child's allergies.
- Work with the school team to develop a plan that accommodates the child's needs throughout the school including in the classroom, in the cafeteria, in after-care programs, during school-sponsored activities, and on the school bus, as well as a Food Allergy Action Plan (sample can be found at <http://www.foodallergy.org/actionplan.pdf>).
- Provide written medical documentation, instructions, and medications as directed by a physician, using the Food Allergy Action Plan as a guide. Include a photo of the child on written form,.
- Provide properly labeled medications and replace medications after use or upon expiration.
- Educate the child in the self-management of their food allergy including:
 - Safe and unsafe foods
 - Strategies for avoiding exposure to unsafe foods
 - Symptoms of allergic reactions
 - How and when to tell an adult they may be having an allergy-related problem
 - How to read food labels (age appropriate)
- Review policies/procedures with the school staff, the child's physician, and the child (if age appropriate) after a reaction has occurred.
- Provide emergency contact information.

School's Responsibility

- Be knowledgeable about and follow applicable federal laws including ADA, IDEA, Section 504, and FERPA and any state laws or district policies that apply.
- Review the health records submitted by parents and physicians.
- Include food-allergic students in school activities. Students should not be excluded from school activities solely based on their food allergy.
- Identify a core team of , but not limited to, school nurse, teacher, principal, school food service and nutrition manager/director, and counselor (if available) to work with parents and the student (age appropriate) to establish a prevention plan. Changes to the prevention plan to promote food allergy management should be made with core team participation.
- Assure that all staff who interact with the student on a regular basis understands food allergy, can recognize symptoms, knows what to do in an emergency, and works with other school staff to eliminate the use of food allergens in the allergic student's meals, educational tools, arts and crafts projects, or incentives.
- Practice the Food Allergy Action Plans before an allergic reaction occurs to assure the efficiency/effectiveness of the plans.
- Coordinate with the school nurse to be sure medications are appropriately stored, and be sure that an emergency kit is available that contains a physician's standing order for epinephrine. In states where regulations permit, medications are kept in a easily accessible secure location central to designated school personnel, not in locked cupboards or drawers. Students should be allowed to carry their own epinephrine, if age appropriate after approval from the student's physician/clinic, parent and school nurse, and allowed by state or local regulations.

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- Designate school personnel who are properly trained to administer medications in accordance with the State Nursing and Good Samaritan Laws governing the administration of emergency medications.
- Be prepared to handle a reaction and ensure that there is a staff member available who is properly trained to administer medications during the school day regardless of time or location.
- Review policies/prevention plan with the core team members, parents/guardians, student (age appropriate), and physician after a reaction has occurred.
- Work with the district transportation administrator to assure that school bus driver training includes symptom awareness and what to do if a reaction occurs.
- Recommend that all buses have communication devices in case of an emergency.
- Enforce a “no eating” policy on school buses with exceptions made only to accommodate special needs under federal or similar laws, or school district policy. Discuss appropriate management of food allergy with family.
- Discuss field trips with the family of the food-allergic child to decide appropriate strategy for managing the food allergy.
- Follow federal/state/district laws and regulations regarding sharing medical information about the student.
- Take threats or harassment against an allergic child seriously.

Student’s Responsibility

- Should not trade food with others.
- Should not eat anything with unknown ingredients or known to contain any allergen.
- Should be proactive in the care and management of their food allergies and reactions based on their developmental level.
- Should notify an adult immediately if they eat something they believe may contain the food to which they are allergic.

Important Point

More detailed suggestions for implementing these objectives and creating a specific plan for each individual student in order to address his or her particular needs are available in The Food Allergy & Anaphylaxis Network’s (FAAN) *School Food Allergy Program* is located at: <http://www.foodallergy.org/school/sfap.html>

The *School Food Allergy Program* has been endorsed and/or supported by the Anaphylaxis Committee of the American Academy of Allergy Asthma and Immunology, the National Association of School Nurses, and the Executive Committee of the Section on Allergy and Immunology of the American Academy of Pediatrics. FAAN can be reached at: 800/929-4040.