



Meal Modification Requests

2020-2021 School Year

Dear Parent/Guardian:

Your child's school/site:

1. Will make meal modifications prescribed by a licensed physician, advanced practice nurse with prescriptive authority or physician assistant to accommodate a disability.
2. Will not make substitutions for dietary preferences, religious preferences, or cultural preferences

Note: Meal modifications will only be accommodated for one of the reasons listed above. No other meal modifications will be accommodated.

The *Medical Statement for Meal Modification* and *Dietary Preference Form for Meal Modification* forms are attached to this letter. On the front of each form, there are further instructions and information about the meal modifications that can be requested under federal regulations. Please read this information carefully before completing the appropriate form.

To ensure safe meal modifications can be made for your child, return the completed medical statement to:

Food Service Director
Teri Maher
137 Walnut Street
Elizabeth, CO 80107.

IMPORTANT: The only fluid cow's milk substitutions allowed by USDA are: (1) lactose-free fluid cow's milk (1% or skim) or (2) a non-dairy beverage with a nutrient profile equivalent to fluid cow's milk as specified in USDA regulation 7 CFR 210.10(d)(3), unless another substitution is noted on the Medical Statement for Meal Modification.

If you have questions or need assistance, please contact Teri Maher at 303-646-1850 or tmaher@esdk12.org.

Sincerely,

Teri Maher

This institution is an equal opportunity provider.

July 2017



COLORADO
Department of Education

Medical Statement for Meal Modification

Important! Carefully read and follow the procedures for requesting a special meal accommodation. The school/site will return incomplete Medical Statements to the parent/guardian. If you have questions about this form, the school/site contact named in Part A below will assist you.

Schools and agencies participating in child nutrition meal programs **MUST** comply with requests for special dietary needs and adaptive equipment at no extra charge for children with a documented disability and/or medical need. If this is a life-threatening food allergy resulting in anaphylaxis, ensure the Allergy & Anaphylaxis Action Plan form is completed by school/site nursing staff.

Requests for children with a documented medical need: A completed request form must be signed by a licensed physician (MD or DO), advanced practice nurse (APN) with prescriptive authority (RXN), or physician assistant (PA).

The meal modifications will continue until a licensed physician, advanced practice nurse with prescriptive authority or physician assistant requests that the modifications be changed or stopped on the Discontinuation Form, which is available from the school/site. It is strongly recommended that the prescribed diet order is updated annually with a new form.

Part A. Student, Parent/Guardian & School/Site Contact Information – To be completed by a parent/guardian or school/site contact person.				
1. Student's Name:		2. Date of Birth:	3. School/site:	
4. Parent/Guardian's Name:		5. Parent/Guardian's Phone:		
6. School/site Contact's Name:		7. School/site Contact's Phone:		
Part B. Prescribed Diet Order for Children with a Documented Medical Need – This must be completed by a licensed medical professional as specified above. All sections must be completed.				
1. Specify the medical need and how it restricts the child's diet:				
2. What major life activity is affected by this student's medical need? Example: Allergy to peanuts affects ability to breathe.				
3. 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.)				
4. Modified Texture:	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Chopped	<input type="checkbox"/> Ground	<input type="checkbox"/> Pureed
5. Modified Thickness of Liquids:	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Nectar	<input type="checkbox"/> Honey	<input type="checkbox"/> Spoon or Pudding Thick
6. Special Feeding Equipment: _____ <input type="checkbox"/> Check if not applicable OR list special feeding equipment (e.g. large handled spoon, sippy cup, etc.).				
7. Foods to be Omitted and Substituted: 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:	
Licensed Physician/Advanced Practice Nurse with Prescriptive Authority/Physician Assistant Information				
Signature:		Title:		
Printed Name		Phone:		Date:
Parent/Legal Guardian Permission – To be completed by a parent or legal guardian.				
I give permission for school/site personnel responsible for implementing my child's prescribed diet order to discuss my child's special dietary accommodations with any appropriate school/site staff. I also give permission for my child's licensed physician, advanced practice nurse with prescriptive authority or physician assistant to further clarify the prescribed diet order on this form if requested to do so by school/site personnel.				
Parent/Legal Guardian's Signature & Date:				



Dietary Preference Form for Meal Modification

Important! Carefully read and follow the procedures for requesting a special meal accommodation. The school/site will return incomplete Dietary Preference Forms to the parent/guardian. If you have questions about this form, the school/site contact named in Part A below will assist you.

Requests for children with a medical need not documented by a physician: A completed request form may be filled out by a parent or legal guardian if the medical need falls within the USDA's child nutrition program meal requirements. These requests must be accommodated.

- Example of a medical need that falls within the USDA's child nutrition program meal requirements: child is allergic to strawberries and a different fruit can be substituted OR a child is allergic to beef and a different meat/meal alternate (protein) can be substituted.
- Milk substitutes must be USDA-approved. Juice and water may not be substituted for fluid milk as part of the reimbursable meal without a medical statement signed by licensed healthcare professional.

Modification due to religious, ethical or cultural reasons that do not rise to the level of a disability:

- A school/site has the option to make meal modifications at the request of a parent/guardian due to religious, ethical or cultural reasons.
- Part A of this form must be completed by a parent/guardian or school/site contact person.
- Parts B and C of this form must also be completed by a parent/guardian before the school/site can make meal modifications.

The meal modifications will continue until a parent or legal guardian requests that the modifications be changed or stopped on the Discontinuation Form, which is available from the school/site. It is strongly recommended that the Dietary Preference Form is updated annually.

Part A. Student, Parent/Guardian & School/Site Contact Information -- To be completed by a parent/guardian or school/site contact person.		
1. Student's Name:	2. Date of Birth:	School/site:
3. Parent/Guardian's Name:	4. Parent/Guardian's Phone:	
5. School/site Contact's Name:	6. School/site Contact's Phone:	
Part B. Prescribed Diet Order Request -- This may be completed by a parent or legal guardian as specified above. All sections must be completed.		
1. Check:		
<input type="checkbox"/> Medical need not documented by physician. <input type="checkbox"/> Religious, ethical or cultural reasons that do not rise to the level of a disability.		
2. Specify the meal modification requested.		
3. Foods to be Omitted and Substituted: 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:	
Parent/Legal Guardian Permission -- To be completed by a parent or legal guardian.		
I give permission for school/site personnel responsible for implementing my child's prescribed diet order to discuss my child's special dietary accommodations with any appropriate school/site staff.		
Parent/Legal Guardian's Signature & Date:		



Discontinuation of Site Meal Modifications

If your student no longer requires meal accommodations, please fill out the form below.
To be completed by a physician/medical authority or parent/legal guardian.

Licensed Physician/Medical Authority Name _____

OR

Parent Name _____

Student Name _____

Site _____

I certify that the student named above is no longer in need of the previously prescribed meal modifications effective on the following date: _____

Signature of Licensed Physician/Medical Authority

Licensed Physician/Medical Authority's Title

OR

Signature of Parent

Street Address

Date

This institution is an equal opportunity provider.

