



Meal Modification Request

2020-2021 School Year

Estimados padres/tutores:

Escuela/establecimiento de su hijo:

1. Realizará modificaciones de comidas recetadas por un médico matriculado, enfermera de práctica avanzada con autoridad para recetar o asistente médico para adaptar una discapacidad.
2. No hará (reemplazos por preferencias alimentarias, preferencias religiosas o preferencias culturales

Nota: Las modificaciones de comidas se adaptarán únicamente por una de las razones enumeradas anteriormente. No se adaptará ninguna otra modificación de comidas.

En esta carta se adjuntan los formularios de *Declaración médica para modificación de comidas* y el *Formulario de preferencia alimentaria para modificación de comidas*. En el frente de cada formulario, se incluyen más instrucciones e información sobre las modificaciones de comidas que se pueden solicitar bajo las reglamentaciones federales. Lea atentamente esta información antes de completar el formulario correspondiente.

A fin de garantizar que se puedan realizar modificaciones de comidas de forma segura para su hijo, lleve la declaración médica completa antes del a Food Service Director en 137 Walnut Street Elizabeth, CO 80107.

IMPORTANTE: Los únicos reemplazos de la leche líquida de vaca permitidos por el Departamento de Agricultura de EE. UU. (U.S. Department of Agriculture, USDA) son los siguientes: (1) leche líquida de vaca sin lactosa (descremada o con 1 % de grasa o (2) una bebida no láctea con un perfil nutricional equivalente a la leche líquida de vaca, según se especifica en la reglamentación 7 CFR 210.10(d)(3), a menos que se indique otra sustitución en la Declaración médica para la modificación de comidas.

En caso de tener preguntas o necesitar asistencia, comuníquese con Teri Maher al 303-646-1850 o a tmaher@esdk12.org

Atentamente,

Teri Maher

Esta institución es un proveedor que ofrece igualdad de oportunidades.



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/meat 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.

