Special Dietary Accommodations

Minneapolis Public Schools (MPS) Culinary & Wellness Services (CWS) provides special dietary accommodations for meals and/or snacks on a case-by-case basis for participants with a documented medical condition or disability that restricts their diet. According to the ADA Amendments Act, most physical and mental impairments that substantially limit or affect one or more major life activities or bodily functions will constitute a disability. MPS CWS does not provide dietary accommodations for requests related to religious, moral convictions or personal preference.

Annual updates to these forms are recommended to best support student's needs.

For food allergies, intolerances, disabilities, or medical conditions like texture modifications or nutrition therapy:

1. Complete section A of the Special Diet Statement (see reverse).
2. Request your student's healthcare provider fully complete section B of the Special Diet Statement. Please note this form must be completed by a licensed physician, physician assistant, or an advanced practice registered nurse, such as a certified nurse practitioner. Incomplete forms will delay this process. Any changes in dietary needs requires a new form completed by the student's health care provider.
3. Return completed form to School Nurse or Dietitian.

For lactose intolerance:

1. Complete section A of the Special Diet Statement (see reverse). Requests for lactose free milk only require a parent/guardian signature.
2. Return completed form to School Nurse or Dietitian.
   Note: this request provides lactose free milk to drink and does not result in dairy free milk or meals.

Completed forms can be returned by email (ask.dietitian@mpls.k12.mn.us), fax (612-668-2830), or mail (812 Plymouth Ave N, Mpls 55411). Please allow 10-14 days for processing and implementing dietary accommodations.

To discontinue special dietary accommodations, complete the information below:

Student Name (Last, First): _____ Birth Date: _____

Name of School: _____

Parent/Guardian Name: _____ Phone Number: _____

I certify that my student no longer needs previously requested special dietary accommodations effective on the date below.

Signature of Parent: _____ Date: _____

Disclaimers:

Gluten-free menu items do not contain any ingredients made with wheat, rye, barley, or crossbreeds of these grains. Gluten free menu items are prepared at the MPS Nutrition Center on shared equipment and our facility is not certified gluten-free.

MPS is peanut & tree nut aware meaning there are no peanuts or tree nuts* purchased or served for school meals. Some pre-packaged foods served may be processed in a facility that processes peanuts or tree nuts, but the item served does not contain peanuts or tree nuts. **MPS serves items made with coconut.*

This institution is an equal opportunity provider.

Questions?

Contact the MPS CWS Dietitian at ask.dietitian@mpls.k12.mn.us or 612-668-2847.

Special Diet Statement | Minneapolis Public Schools – Culinary & Wellness Services

Please return this form annually to support your student's dietary needs.

A. Completed by parent or legal guardian

Student Name (Last, First): _____ **Birth Date:** _____

Name of School: _____

Parent/Guardian Name: _____ **Phone Number:** _____

Which school prepared meals do you anticipate your student eating at school? ☐ Breakfast ☐ Lunch ☐ Afterschool

Students with Lactose Intolerance: Schools are required to provide lactose free milk for students that are lactose intolerant upon written request from a parent (MN State Statute 124D.114). This does not result in dairy free milk or meals.
If you are only requesting lactose free milk, you do not need to complete part B or get a physician's signature.

☐ **By checking this box, I certify that my student is lactose intolerant and should be provided with lactose free milk.**

Voluntary Authorization: In accordance with the provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and the Family Educational Rights and Privacy Act I hereby authorize _____ *(physician/medical authority name)* to release such protected health information as is necessary for the specific purpose of Special Diet information to Minneapolis Public Schools (MPS) and I consent to allow the physician/medical authority to freely exchange the information listed on this form and in my student's records with MPS as necessary. I understand that I may refuse to sign this authorization without impact on the eligibility of my request for a special diet for my student. I understand that permission to release this information may be rescinded at any time except when the information has already been released.

Parent/Guardian Signature: _____ **Date:** _____

B. Completed by physician or recognized medical authority*

**Includes licensed physician, physician assistant, or an advanced practice registered nurse, such as a certified nurse practitioner.*

Does the child have a disability? ☐ No ☐ Yes *(If yes, please describe below)*

Does the child have a food allergy or intolerance? ☐ No ☐ Yes *(If yes, identify foods to be omitted below)*

Please describe the child's physical or mental impairment(s) and how it restricts the child's diet:

Foods to be omitted from the child's meals: *(check all that apply)*

☐ Peanuts
☐ Tree nuts
☐ Coconut
☐ Wheat
☐ Gluten
☐ Fish
☐ Shellfish
☐ Soy
☐ Eggs
☐ Eggs, ingredient in baked product
☐ Sesame
☐ Dairy (please check all that apply)
☐ Milk, liquid ☐ Yogurt ☐ Cheese
☐ Milk, ingredient in baked product
☐ Other (be specific): _____

Comments or preferred substitutions:

Texture modification: *(if needed)*

☐ IDDSI foods 7 – easy to chew
☐ IDDSI foods 6 – soft & bite sized
☐ IDDSI foods 5 – minced & moist
☐ IDDSI foods & drinks 4 – pureed/extremely thick
☐ IDDSI foods & drinks 3 – liquidized/moderately thick
☐ IDDSI drinks 2 – mildly thick
☐ IDDSI drinks 1 – slightly thick
Thickener recommended: _____

Print Name & Credentials: _____

Signature: _____ **Date:** _____

Clinic/Hospital: _____

Phone Number: _____ **Fax Number:** _____