

Student's Name		Age
Name of School	Grade Level	Classroom

Midlothian Independent School District

SPECIAL MEALS REQUEST FORM

Eating and Feeding Evaluation

The Child Nutrition Department is required by the United States Department of Agriculture (USDA) to provide appropriate menu substitutions to students with life-threatening allergies (those that can cause anaphylactic reactions), or for students with disabilities that restrict their diet.

If this is a life-threatening allergy, or if your child has a disability that restricts their diet, please supply your school cafeteria manager with this SPECIAL MEALS REQUEST FORM (Parts A & B), completed in full and signed by a licensed physician.

If you have questions or concerns, please feel free to contact the Child Nutrition Department's Director, Kim Stafford (kim_stafford@midlothian-isd.net; (972)775-2124).

Currently, MISD's Child Nutrition Department does not provide non-dairy or lactose-reduced/lactose-free milk substitutes to non-disabled students who cannot drink fluid milk due to a medical or special dietary need. Additionally, juice is not an approved fluid milk substitute, unless clearly stated by a physician in relation to a student with a life-threatening allergy or disability. Milk is not required to be taken as part of Offer-vs-Serve regulations and students may choose juice when offered as a fruit component in the meal.

PART A.

The U.S. Department of Agriculture School Meals Program requires that **ALL QUESTIONS BE ANSWERED** in order for **ANY** diet modifications or substitutions to be made to school meals.

TO BE COMPLETED BY PARENT OR GUARDIAN

My child will be eating school prepared meals. Please define frequency and meals the student will participate in...

My child will not be eating school-prepared meals.

I understand that it is my responsibility to renew this form before each school year and anytime my child's medical or health needs change. As the parent or guardian, I give permission for Midlothian ISD to contact the physician's office regarding my child's dietary needs.

Parent/Guardian Printed Name

Parent/Guardian Signature

Contact Number(s)

For students with life-threatening allergies or disabilities, continue to **PART B** (TO BE COMPLETED BY PHYSICIAN'S OFFICE).

For students who do not have a disability or life-threatening allergy, but have a special dietary restriction or allergy, continue to **PART C**.

Midlothian ISD is not responsible for and cannot guarantee the accuracy of any child's diet. Products stocked by Midlothian ISD can change due to supplier changes or substitutions or manufacturer's formulation changes. Cafeteria managers and staff are not trained in dietary modifications. Parents are welcome to look at any food ingredient labels or recipes.

In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the bases of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write the USDA, Director, and Office of Civil Rights, 1400 Independence Ave, SW Washington D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382. USDA is an equal opportunity provider and employer.

PART B.

For Students with Disabilities and Life-Threatening (Anaphylaxis) Allergies

The U.S. Department of Agriculture School Meals Program requires that ALL QUESTIONS BE ANSWERED in order for ANY diet modifications or substitutions to be made to school meals.

TO BE COMPLETED BY PHYSICIAN'S OFFICE

SECTION 1.

- A) Does the Child have a Disability or a life-threatening allergy* ? Yes No

If no, continue to PART C.

*Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990, a "person with a disability" is any person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment or is regarded as having such an impairment.

- B) The child listed above possesses the following disability or life-threatening allergy: _____

- C) Explanation of why this disability restricts diet.
- _____
- _____

- D) Major Life Activities affected by the disability/life-threatening allergy (check all that apply):

- Caring for one's self Eating Walking Seeing Hearing
- Learning Speaking Breathing Performing Manual Tasks

- E) Does the child with the disability have special nutrition or feeding needs?
If Yes, continue to SECTION 2. and have this form signed by a licensed physician. Yes No

SECTION 2.

- A) Foods/Beverages to omit: _____

- B) Foods/Beverages to substitute with: _____

- C) Can the student consume foods where the allergen(s) is an ingredient in the food product (for example, eggs are omitted, but eggs as an ingredient in pancakes is allowed?). _____

- D) Texture Modification, if applicable:

- | | | | | | |
|---------|--------------------------|---------------------|--------|--------------------------|-------------------------|
| Liquids | <input type="checkbox"/> | Thin | Solids | <input type="checkbox"/> | Mechanical Soft Chopped |
| | <input type="checkbox"/> | Thickened (Nectar) | | <input type="checkbox"/> | Mechanical Soft Ground |
| | <input type="checkbox"/> | Thickened (Honey) | | <input type="checkbox"/> | Pureed |
| | <input type="checkbox"/> | Thickened (Puuding) | | | |

Please provide additional comments or information as related to diet and/or feeding techniques.

Printed Physician's name

Physician's Signature

Date

Clinic/Facility Name

Phone Number

Fax Number

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PART C.

For Students without disabilities but with special dietary restrictions or allergies

TO BE COMPLETED BY PARENT/GUARDIAN

A) Name & describe the food intolerance or allergy:

B) Foods/Beverages to omit:

Printed Name

Signature

Date

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