

VENTURA UNIFIED SCHOOL DISTRICT
Child Nutrition Services
Pupil Services/Health Programs-Services

Student Photo

MEDICAL VERIFICATION FOR SPECIAL MEALS DURING SCHOOL HOURS

Must Submit Annually — Current School Year _____ to _____

**Instructions: Parent/guardian and physician must complete and return to the School Health Office.
Thank you**

Part 1: To be completed by Parent/Guardian

Student Name: _____ Date of Birth: _____

School Name: _____ Grade: _____

As the parent/guardian of above named child, I request the following dietary modifications as described by the physician.

Parent Signature: _____ Date of Request: _____

Part 2: To be completed by Physician:

- Explain reason for modifications to meals: _____

- Describe any dietary restrictions or special diet: _____

- Indicate any allergies or food intolerances: _____

- If lactose intolerant, please choose from the following drink options:
___soy milk ___lactaid milk _____
- List any other foods to be substituted: _____

- List any texture modifications: *Check applicable*
 pureed ground chopped other _____

Physician Signature: _____ Date: _____

Print or use Stamp:

Name of Physician: _____

Address: _____

Phone number: _____

FOR OFFICE USE ONLY: Form is printed on light yellow paper only

Note: If dietary restrictions, special diet, or food substitutes are required, the School Nurse/Cafeteria Manager will refer to School District Child Nutrition Registered Dietitian.

Dissemination: Original -- School Nurse

Copy -- School Cafeteria Manager

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Standard Practice: Special Meals During School Hours

Purpose: It is the practice of Ventura Unified School District to provide texture and nutrient modified meals, consistent with the California Department of Education guidelines.

Objective: Modifications to meals for texture changes, therapeutic needs or allergies require a signed physician's order indicating the reason for the modification and the modification requested.

Procedure:

1. When applicable, the student's parent/ guardian is provided a MEDICAL VERIFICATION FOR SPECIAL MEALS DURING SCHOOL HOURS form (8/12). This form is available from the school office, school nurse, Child Nutrition Services or Health Programs/Services departments.
2. Parent/guardian is expected to complete Part 1 and the attending physician Part 2. The form is submitted to the school office/school health office for processing.
3. The School Nurse reviews the information, obtains clarification and consults with the child nutrition dietitian as needed, and forwards a copy of the MEDICAL VERIFICATION FOR SPECIAL MEALS DURING SCHOOL HOURS form to the school Cafeteria Manager.
4. The school Cafeteria Manager maintains a special diet documentation log of students requiring a meal modification for allergies, texture, or therapeutic diet needs. The student should be introduced / identified by the cafeteria manager and cashier to ensure proper identification during meal service. To ensure identification, a student photo should be attached to the MEDICAL VERIFICATION FOR SPECIAL MEALS DURING SCHOOL HOURS form.
5. The Cafeteria Manager inservices all cafeteria staff personnel of the appropriate menu change, location of the Special Diet Log and MEDICAL VERIFICATION FOR SPECIAL MEALS DURING SCHOOL HOURS form. Inservice should include a review of menus and recipes.
6. Meal modifications are noted on the Menu Production Worksheet.
7. If the allergy/diet modification involves more than one food or if a therapeutic modification needs to be made, the Child Nutrition Services Department will be contacted to authorize such modification.
8. Parent/guardian and student should be informed of how the modifications will be made to the cafeteria menu. Students should be encouraged to understand their diet as well. Child Nutrition Services office will follow-up with parent/guardian via telephone or U.S. mail.
9. Parent/guardian will be notified by the Child Nutrition Registered Dietician those food substitutes provided or not able to be provided by the Child Nutrition Services department based upon the California Department of Education.
10. In the provision of the cafeteria meal at sites where the cashier checks names prior to meal service, the Special Diet log will be maintained and the cashier will alert server of student requiring diet modification. In sites where the cashier is at the end of the line, the Special Diet Log will be kept on the serving line and monitored by the server.