

SPECIAL DIETARY NEEDS FORM

Hamilton Dining Services

The U.S. Department of Agriculture’s (USDA) nondiscrimination regulation (7 CFR 15 b), as well as the regulations governing the National School Lunch Program and School Breakfast Program, make it clear that substitutions to the regular meal must be made for children who are unable to eat school meals because of their disabilities, when that need is certified by a licensed physician.

*Please complete each section of this form and return to Hamilton City Dining Services
Email: cgorbandt@hcsdoh.org Attention: Cinde Gorbandt, Director of Dining Services*

PART A		
Student’s name	Age	Parent’s name and phone number
Name of School:	Grade	Homeroom Teacher
Does the child have one of the following disabilities? (indicate by circling in the list below)	Does the disability limit one or more major life activities or bodily function? (indicate by circling in the list below)	Does the disability cause the child to have special nutritional or feeding needs?
<p>Orthopedic impairment Visual, speech, and/or hearing impairments Phenylketonuria (PKU) Celiac disease Sickle cell anemia Food anaphylaxis (severe food allergy)* Autism Specific learning disabilities; please specify</p> <hr/> <p>Multiple Disabilities Food-Related Disability Other disability not listed; please specify</p> <hr/> <p>Health impairments due to Asthma Diabetes Nephritis Epilepsy Hemophilia</p> <p>* This does not include non-immune system reactions which is typical with many food intolerances, or slight allergy; only life threatening allergy (such as those that cause respiratory distress).</p>	<p>MAJOR LIFE ACTIVITY Caring for one’s self Eating Performing manual tasks Walking Seeing Hearing Speaking Breathing Learning Working</p> <p>MAJOR BODILY FUNCTION Immune System Normal Cell Growth Digestive Bowel Bladder Neurological Brain Respiratory Circulatory Endocrine Cardiovascular</p>	<p>Yes, certain foods should be avoided COMPLETE PART C</p> <p>Yes, foods should be prepared in a certain manner to achieve proper texture and/or consistency for consumption. COMPLETE PART D</p> <p>No Continue to PART B</p>
<p>USDA regulations require schools to make accommodations for those with disabilities that require special diet within a reasonable cost to the school food authority. <i>In some cases, special diets may be cost prohibitive to be provided in the school meal program.</i></p>		

PART B	
Does the child have a food allergy (not anaphylaxis) or intolerance that requires a special diet? <u>This does NOT include personal preferences.</u>	Yes COMPLETE PART C
THIS SECTION FOR ISSUES <u>OTHER THAN</u> THOSE RELATED TO DISABILITY INDICATED IN PART A.	No
<p>USDA regulations do NOT require schools to accommodate food intolerances. The school food authority retains the right to reject requests for accommodating food intolerances. Any accommodations made for intolerances must comply with the USDA approved meal pattern for school meals.</p>	

SPECIAL DIETARY NEEDS FORM – continued
Hamilton Dining Services

Student's name	Age	Parent's name and phone number
PART C – complete for disability, allergy, or intolerance		
FOOD ALLERGIES Indicate by providing the items that student is allergic	FOODS TO SUBSTITUTE Indicate by providing items for allergy replacement.	
	LACTOSE FREE MILK: this is the only substitution for an intolerance or non-life threatening allergy to milk	

PART D
Please give detailed description of proper texture/consistency required. List any special equipment or utensils that may be needed (attach a separate sheet if more space is needed):

Other Info & Authorization	
Indicate any other comments about the child's eating or feeding patterns (attach a separate sheet if more space is needed):	
<i>Please complete attached medication authorization form if emergency medication is needed at school</i>	
List the professional to be contacted if more information or clarification is required (MD, DO, RD, RN, DTR)	
Name: _____	Title: _____
Telephone: _____	Email: _____
Parent's Signature	Date:
Physician or Medical Authority's Signature	Date: