

Providing Meals to Children with Special Dietary Needs

Agencies participating in a federal Child Nutrition Programs (School Meals, Child and Adult Care Food Program, Special Milk, and Summer Food Service Program) are required to make reasonable accommodations for children and adults who have a disability that restricts their diet, including food allergies. The Americans with Disabilities Act defines *disability* as “a physical or mental impairment that substantially limits one or more major life activities” or bodily functions of an individual. This definition is intentionally broad and covers most physical and mental impairments, including temporary or episodic impairments.

Diet Modifications for Children with a Food Allergy or Other Disability

- In order to honor an omission of a food or ingredient due to an allergy, the parent must provide documentation, signed by a physician or state licensed medical professional to omit known allergies or substitute for other disabilities.
- The form (attached) is forwarded to the FNS Office, and an alert is placed on the student’s account.
 - Please note that this form must be filled out completely with suggested substitutes. This is especially imperative for fluid milk, as we now offer soy, almond and lactose free milk available. Juice cannot be substituted for milk unless expressly recommended by the medical authority on this form.
- When the child reaches the point of sale in the cafeteria, the alert will show on the screen, and must be acknowledged by the cashier.
- The cashier will then check the student’s meal to ensure that they do not have any food items mentioned on the alert.
- Food alerts can only be removed by a note from a medical authority dismissing the allergy.
- The FNS Manager will hold line meetings daily and work with the nurse at their school to notify staff of any allergens in the menu items.
- Alerts will be entered into the POS system at the FNS office with the date of the addition to the student account. Records will be held and separated by year at the FNS Office for easy accessibility and review.

Licensed Medical Authority’s Statement for Children with Disabilities

Department of Agriculture (USDA) regulations require substitutions or modifications of meals for children and adults whose disabilities restrict their diets. Agencies participating in Child Nutrition Programs must provide modifications for children and adults, on a case-by-case basis, when requests are supported by a written statement from a state licensed medical authority. In Maryland this includes, but is not limited to, Physicians, Physician Assistants, Nurse Practitioners, Dentists, and Dietitians.

The written medical statement must include:

- An explanation of how the child or adult’s physical or mental impairment restricts their diet;
- An explanation of what must be done to accommodate the child or adult; and
- The food or foods to be omitted and recommended alternatives, if appropriate.
- The signature and contact phone number for the state licensed medical authority.
- **In order to substitute fluid milk as part of the School Breakfast Program and the National School Lunch Program, a substitution must be included on the form from the licensed medical authority.**

Diet Modifications for Children with a Food Allergy or Other Disability*

Name of Child: _____

School Name: _____

Child's Student ID#: _____

Include a brief description of the physical or mental impairment that requires a diet modification:

Foods to be OMITTED and SUGGESTED SUBSTITUTIONS:

Please check the food group(s) to be omitted. List specific foods to be omitted and suggest substitutions. Use the back of this form or attach additional information as needed.

FOODS TO OMIT

SUGGESTED SUBSTITUTIONS

Milk* and Dairy* Products _____ *

Fluid Milk Only* _____ *

*Please note that a substitute must be listed to substitute fluid milk – almond, soy, lactose free, juice or “No Substitute”

Eggs/Egg Products _____

Wheat/Wheat Products _____

Soy/Soy Products _____

Peanuts _____

Tree Nuts _____

Fish _____

Shellfish _____

Sesame _____

Other _____

Texture Required:

Regular

Chopped

Ground

Pureed

Other detailed information regarding diet or feeding (attach additional sheets as needed):

I certify that the above-named individual needs diet modifications as described above because of the specified food allergy or other disability*:

Signature of Physician or State Licensed Medical Professional

Office Phone

Date

Printed Name of Physician or State Licensed Medical Professional

I understand that if medical needs change, it is my responsibility to notify the school/child care/adult day care provider and to submit an updated Diet Modification Form. I give my permission to share the information on this form with the individuals who take part in the care of the above-named individual.

Participant/Parent/Guardian's Signature

Home Phone

Date

*The Americans with Disabilities Act defines *disability* as “a physical or mental impairment that substantially limits one or more major life activities” or bodily functions of an individual.