



Renee Arbogast RDN SNS  
Director of Nutritional Services

**FRIDLEY PUBLIC SCHOOLS**  
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55432  
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Dear Fridley students and families,

Managing student food allergies and intolerances can be challenging in a school setting and communication is vital between parents/guardians, Nutritional Services, and Health Services. Our goal is to keep all students safe and prevent any potential adverse or anaphylaxis reaction. If your student has a medically diagnosed food allergy or intolerance, it is considered a disability that qualifies them for dietary accommodation provided by the school at no additional cost. **Please note that parents/guardians are responsible for communicating with Nutritional Services if they wish to have Nutritional Services provide dietary accommodations for their student.**

Documentation is required to ensure we are meeting your student's specific needs and complying with all United States Department of Agriculture (USDA) regulations. Nutritional Services will be able to tell you what documentation is required if you choose to have the school provide medically necessary dietary accommodation. One of the forms that may be required is the special diet statement. The special diet outlines the student's specific dietary needs, what foods must be avoided, and what foods can be substituted. Please be as specific as possible when completing this section (for example: avoid lactose-containing cow's milk, substitute soy milk). The special diet statement must be completed by either a medical physician, physician's assistant/associate, or nurse practitioner (a chiropractor is not an approved medical physician). Once the special diet statement has been completed it only needs to be updated if there are changes to the student's dietary needs. It does NOT need to be completed each school year if dietary needs remain the same.

Once the special diet statement is completed it can be returned to Nutritional Services or Health Services. **Nutritional Services will provide dietary accommodations in the time between being informed of said dietary accommodations and receiving the correctly completed special diet statement up to 30 days or another agreed-upon date. If the special diet statement is not received by the agreed date, then Nutritional Services will not continue to provide said dietary accommodations.** Dietary accommodation will resume once Nutritional Services receives the correctly completed special diet statement.

If you have any questions or concerns regarding your child's allergies, please email or call Katie Joyce at [Joyce@isd14.org](mailto:Joyce@isd14.org) or (763) 502-5028 or Renee Arbogast at [Arbogast@isd14.org](mailto:Arbogast@isd14.org) or (763) 502-5022

Thank you,

Fridley Public Schools Nutritional Services

# Special Diet Statement

Institutions or organizations who sponsor and operate a federally funded Child Nutrition Program must make reasonable substitutions to meals and/or snacks on a case-by-case basis for participants who are considered to have a disability that restricts their diet: School Nutrition Program – 7 CFR 210.10(m), Child and Adult Care Food Program – 7 CFR 226.20 (g), Summer Food Service Program – 7 CFR 225.16(f)(4). 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.

Sponsors are not required to accommodate special dietary requests that do not constitute a disability, including requests related to religious or moral convictions or personal preference. If these requests are accommodated, sponsors must ensure that all USDA meal pattern and nutrient requirements are met.

This form must be completed by a licensed physician, physician assistant, or an advanced practice registered nurse, such as a certified nurse practitioner. Updates to this form are required only when a participant's needs change.

Note to Districts/Schools: Parents/Guardians may provide a written request for lactose-reduced milk without a physician's signature.

Submit this completed special diet statement to: \_\_\_\_\_

## Participant Information

Participant's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Last/First/Middle Initial

Name of School/Center/Site Attended: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

## Required Information: Dietary Accommodation

1. State the allergen or food to be avoided:

\_\_\_\_\_

2. Brief explanation of how exposure to this food affects the participant:

\_\_\_\_\_

3. List specific foods to be omitted and substituted. Attach a sheet with additional instructions as needed.

Foods to be Omitted	Foods to be Substituted

## Additional Information

Texture Modification:  Pureed  Ground  Bite-Sized Pieces  Other: \_\_\_\_\_

Tube Feeding Formula Name: \_\_\_\_\_

Administering Instructions: \_\_\_\_\_

Oral Feeding:  No  Yes If yes, specify foods: \_\_\_\_\_

Other Dietary Modification Or Additional Instructions (describe): \_\_\_\_\_

## Signature

Licensed physician, physician assistant, or advanced practice registered nurse such as a certified nurse practitioner must sign and retain a copy of this document.

Prescribing Authority Credentials (print): \_\_\_\_\_

Date: \_\_

Signature: \_\_\_\_\_

Clinic/Hospital: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

## Voluntary Authorization

Note to Parent(s)/Guardian(s)/Participant: You may authorize the director of the school/center/site to clarify this Special Diet Statement with the physician by signing the following Voluntary Authorization section:

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 \_\_\_\_\_ **(program name)** and I consent to allow the physician/medical authority to freely exchange the information listed on this form and in their records concerning me, with the program 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 me. I understand that permission to release this information may be rescinded at any time except when the information has already been released. Optional: My permission to release this information will expire on \_\_\_\_\_ **(date)**. This information is to be released for the specific purpose of Special Diet information. The undersigned certifies that he/she is the parent, guardian, or authorized representative of the participant listed on this document and has the legal authority to sign on behalf of that participant.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

OR Participant's Signature (Adult Day Care): \_\_\_\_\_

## Non-Discrimination

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) [found online](#) ([http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html)), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992.

Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.