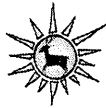


SY 2023-2024



Deer Valley Unified School District



Physician Request for Special Diet Accommodations

All sections must be complete before the form will be accepted. Accommodations may take up to 10 days to begin.

Part I (To be filled out by parent/guardian)

Name of Student: (Last) _____ (First) _____ ID# _____

Date of Birth: ____/____/____ Grade: _____ School: _____

Which meals will the child eat at school (please circle all that apply): Breakfast Lunch

Parent/Guardian: _____ Phone: _____

Email: _____

Signature of Parent/Guardian: _____ Date: _____

I give the Food & Nutrition Department permission to speak with the below named Physician to discuss the dietary needs described below.

Part II (To be filled out by licensed physician- M.D. or D.O. only)

Patient's Diagnosis: _____

Is the medical condition a disability that restricts the student's diet?: Yes No

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

If yes, explain how the disability restricts their diet and the major life activities affected by the disability: _____

Does the child have a life-threatening food allergy?: Y N If yes, has an EpiPen been prescribed? Y N

If yes to any of the above questions, Part III must be completed and signed by a licensed physician. If no was answered to the first two questions, accommodations are not required to be made by the Food & Nutrition Department and Part III is not necessary.

Part III (To be filled out by licensed physician-- M.D. or D.O. only)

Foods to be omitted: PLEASE READ CAREFULLY & CHECK APPROPRIATE BOX

Dairy

- ALL dairy proteins (casein/whey/etc: Includes dairy in pancakes, bread, etc)
ALL dairy product (Includes: cheese, yogurt, smoothies, pizza, tacos, etc)
Fluid milk ONLY (All other dairy OK)
Milk Alternatives: Lactose Free milk Fortified Soy "Milk"

Nuts

- Peanuts
Tree nuts

Gluten

- Gluten (Wheat, Rye, Barley)

Eggs

- ALL egg protein (includes egg in baked goods, breaded chicken, etc)
Whole egg ONLY (Scrambled, Hard boiled, Egg Sandwich, etc)

Soy Protein

- Soy protein

Seafood

- Fish
Shellfish

Sesame

- Sesame

Other (Please be specific): _____

Does food texture need to be modified? Y N Soft Minced Pureed Other (Specify) _____

Diet Request is: Permanent (Diet request will remain in effect during the time the student is continuously enrolled in DVUSD. A new diet request will be required to change any aspect of the information provided in this request.)

Diet Request is: Temporary (Diet request is effective for the current school year. A new form will be required annually.)

Dietitian's Name (if available): _____ Phone () _____

Name of Licensed Physician: (Please Print) _____

Physician Signature _____ Date _____

Phone: _____ Fax: _____

Mailing Address: _____

Send completed request to: Fax: 623-445-5167 or Email: nutrition@dvusd.org. For questions call: 623-445-5165

Request for Special Diet Accommodation Instructions

PURPOSE: To record the student's condition requiring dietary modifications of school breakfast and/or lunch and the changes needed to accommodate the student's condition.

PREPARATION: The parent or guardian of the child is responsible for obtaining the form, filling out Part I, requesting completion of Parts II and III by a licensed physician (M.D. or D.O.), and delivering the complete form **to the kitchen manager at the school where the child attends or by faxing the form to the district dietitian.** Consultation by a dietitian for completion of the form, if needed, should be requested by the parent or physician.

Instructions for Part I (to be filled out by parent or guardian):

- **Name of Student:** Enter the student's last name and first name.
- **ID#:** Enter the student's school ID number.
- **Date of Birth:** Enter the student's six-digit date of birth, e.g., May 21, 2017 = 05/21/17.
- **School:** Enter the name of the school which the student regularly attends.
- **Parent/Guardian:** Enter the full name of the student's parent(s) or legal guardian(s).
- **Phone Number:** If available, enter one or two telephone numbers with the area code where one or two of the guardians can be reached during the daytime.
- **Email:** If available, enter the primary email address for the parent/guardian.
- **Signature of Parent/Guardian:** Enter the signature of one parent or legal guardian's name. A printed name on the previous line should correspond to the signature.

Instructions for Part II (to be filled out by Physician-M.D. or D.O. only):

- **Patient's Diagnosis:** Insert the patient's clinical diagnosis for the condition which requires dietary modification.
- **Is the medical condition a disability?:** Indicate if the above medical diagnosis is considered a disability based on the definition set out in Section 504 of the *Rehabilitation Act of 1973*, the *Americans with Disabilities Act of 1990* and the *Individuals with Disabilities Education Act (IDEA)*.
- **If yes, please explain how the disability restricts the diet and the major life activities affected by the disability:** Describe the patient's condition as it affects a major life activity (i.e. caring for one's self, walking, seeing, speaking, learning, working, etc). Describe how the restrictions of the patient's condition affect his or her diet.
- **Does the child have a life-threatening food allergy?:** Indicate Y (yes) or N (no)
- **If yes, has an EpiPen been prescribed?** Indicate Y (yes) or N (no)

Instructions for Part III (to be filled out by Physician-M.D. or D.O. only):

- **Foods to be omitted:** Please READ CAREFULLY & CHECK APPROPRIATE BOX.
 - Check the appropriate box(s) to indicate which foods or food ingredients must be omitted from the student's diet.
 - There are three options for dairy:
 - Fluid Milk (acceptable milk substitutes must be listed)
 - All Dairy Products-such as cheese, yogurt, and products containing these items such as pizza and tacos.
 - All Milk Protein-such as casein & whey and includes products containing any dairy protein such as pancakes & breads.
 - There are two options for Egg. Please read carefully.
- **Does food texture need to be modified?:** Indicate Y (yes) or N (no). If yes, check box to indicate how texture should be modified.
- **Diet request is permanent or temporary:** Does the student have a permanent disability (i.e. celiac disease, anaphylactic food allergies, etc.) or are the dietary modifications requested based on a temporary need to eliminate a food group (allergy testing, elimination diet trial, etc.).
 - A temporary request will require a new SDA Form at the beginning of each school year.
- **Dietitian's Name (if available):** Provide a dietitian's name and phone number if available.
- **Physician:** Print the name, address and phone number of the licensed physician (M.D. or D.O. only) completing the form.
 - MUST be legible and verifiable
- **Physician Signature:** Enter the signature of the physician filling out the form and the date signed.



DVUSD Special Diet Accommodations FAQ

1. Who is eligible to receive a special diet accommodation?

The Deer Valley Food & Nutrition Department is dedicated to meeting the nutritional needs of its students, including students with documented medical disabilities. Under section 504 of the *Rehabilitation Act of 1973* and the *Americans with Disabilities Act of 1990* a “person with a disability” means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a records of such an impairment, or is regarded as having such an impairment”. The term “physical or mental impairment” includes many conditions including but not limited to: Cerebral Palsy, Cancer, Diabetes, PKU, Food anaphylaxis, and Emotional illness. It is up to the licensed physician who completes the “Special Diet Accommodations Request Form” to indicate if a child’s medical condition is considered a disability.

2. How long does it take for a special diet to get started?

Once the Food & Nutrition Department has a complete special diet accommodation request form on file, it can take up to 10 days for a diet to become ready at the school site. This gives our office time to write a new menu that meets the child’s needs and to ensure the child’s school has the appropriate food available.

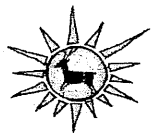
NOTE: New or modified special accommodations requests received after May 1 of each school year will not be put into place until the following school year. This is due to time it takes to process the request and order product.

3. How do I advise the cafeteria when my child plans to bring his/her lunch or is not going to be at school?

It is important for parents to communicate with the café. Parents can call and/or email the café manager directly to let them know when a student is NOT planning to eat at school. Calling in an absence to the front office is not sufficient, as the office does not advise the cafeteria of absences. It is a requirement of the accommodation that you notify the kitchen if your student will not be eating a meal prepared by the cafeteria for any reason.

4. How will I know what is on my child’s menu?

Menus are created in the district office and are shared with the café manager at your school. The café manager then works with each parent to determine how often the menu items will be reviewed (some parents review the menu weekly with the café manager while others might review it one month at a time). It is important that you provide a working email address and phone number to facilitate communication with the café manager and district office.



5. Can I bring special diet food items to school and store them in the school cafeteria?

Unfortunately, we cannot store outside food in the cafeteria. There are several factors that play a role in this including food safety, food storage space and cross contact issues.

6. What steps do I need to take if a change is needed to my child's current special diet accommodation request?

A new special diet request form is required to make any changes to a student's current diet order. Diets can be canceled by parents in writing (email is fine) but modifications to the diet order must come from a licensed physician. Once a special diet order is canceled by a parent a new special diet accommodations request form will be required before the diet can be reinstated.

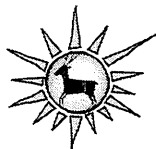
7. What types of milk substitutions are provided for students?

While we can accommodate medical disabilities that require the avoidance of dairy, we do not automatically provide specific milk substitutes. Acceptable beverage alternatives (lactose free milk and/or fortified soy "milk") must be specified by the physician on the special diet request form. USDA regulations do not allow us to substitute juice, almond "milk" or oat "milk" for milk. Students are not required to take milk as part of their meal. Therefore, those students who need to avoid dairy can simply decline the milk portion of their meal while still choosing three items from the fruit, vegetable, grain, and meat/meat alternate groups. Additionally, students have access to free water every day in the cafeteria to drink with their meals.

8. What if my child wants to purchase items a la carte?

We have pre-approved lists of a la carte items that are gluten and/or dairy free. Students with medical notes on file that state that gluten and dairy must be avoided will only be able to purchase items off of the preapproved list. Approved lists will be created on a case by case basis for students with other medical conditions that require avoidance of other foods.

If you have any further questions about the special diet accommodations request form for special diets in general, please contact us at nutrition@dvusd.org or 623.445.5165.



**Deer Valley Elementary and Middle School Cafeterias:
Peanut and Tree Nut *Reduced* Zones**

Deer Valley USD Food & Nutrition Department recognizes how serious and stressful a peanut and tree nut allergy can be for students and parents. As a result, it is our policy NOT to serve any food items that list peanuts or tree nuts as an ingredient as part of our school meals. This includes labels that have the statement "may contain traces of peanuts and other tree nuts".

Despite these precautions, we cannot guarantee a 100% peanut and tree nut free environment in the cafeteria. We consider our elementary and middle school cafeterias peanut and tree nut reduced rather than peanut and tree nut free for the following reasons:

1. Labels are subject to change by the manufacturer at any time during the school year. Manufacturers are constantly changing their labels; we are not able to keep up with each and every change for each and every product that we carry.
2. Manufacturers are not required to say if an item was manufactured on the same equipment or in the same facility as peanuts and/or tree nuts. We can pass on information when it is provided to us but we do not know what the manufacturer chooses to leave off their labels.
3. Students are able to bring peanut containing items from home and eat them in the cafeteria. Food labels for products served are available for parents to review at any time. Please contact the Nutrition Coordinator at 623-445-5165 or nutrition@dvusd.org to request the labels.