

MISD Child Nutrition Services Department
801 S. Moran, Bldg. 2, Midland, Texas 79701
(432) 689-1525

MEDICAL STATEMENT FOR CHILDREN WITH SPECIAL DIETARY NEEDS

Each special dietary request must be supported by a statement that explains the food substitution that is requested. It must be signed by a recognized medical authority. In these cases, recognized medical authorities may include physicians, physician assistants or advanced nurse practitioners.

The medical statement **MUST** include:

1. An identification of the medical or other special dietary condition that restricts the child's diet
2. The food or foods to be omitted from the child's diet
3. The food or choice of food to be substituted

IN CASE OF FOOD ALLERGIES

"Generally, children with food allergies or intolerances do not have a disability as defined under with Section 504 of the Rehabilitation Act or Part B or IDEA. Child Nutrition Services may, **BUT IS NOT REQUIRED TO**, make food substitutions for them. However, when in a licensed physician's assessment food allergies show that they may result in severe, life-threatening (anaphylactic) reactions, the child would meet the definition of a disability, and the substitution prescribed by the licensed physician must be made." (*Texas Department of Agriculture Administrator Reference Manual, April 2010. The complete manual can be found at www.squaremeals.org.*)

TO REQUEST A SPECIAL DIET

1. Obtain a Special Diet Order Application from the school nurse.
2. Fill out Part A and get a licensed physician, physician assistant or advanced nurse practitioner to complete Part B and sign.
3. Submit the completed form to the school nurse, and it will be processed for approval and start date. Allow about 2 weeks for processing, and please know that it is the parent/guardian's responsibility to supply the student's food until the Special Diet Order is approved.
4. We will prepare our "special diets" to the best of our ability, but we are unable to guarantee total accuracy due to the limitations of the school food service system.
5. The meals will be prepared with the foods allowed on the special diet which are available to MISD Child Nutrition Services, and there is no guarantee to meeting the student's likes and dislikes.

I have read and understand the Special Diet Request Sheet and understand the guidelines.

Signature _____ Date _____

SPECIAL DIET ORDER FORM
MIDLAND ISD

Part A (to be completed by Parent or Guardian)

Student's Name (printed)			Student ID #	
Date of Birth	School	Grade	Date of Application	
Parent/Guardian Name(printed)				
Daytime Phone #'s			Email	

DOES YOUR CHILD HAVE AN IDENTIFIED DISABILITY?

Yes	If YES, please describe the major life activities affected by the disability:
NO	No, my child and I are responsible for self-monitoring his/her food allergy.

IF THE STUDENT HAS A DISABILITY, PART B MUST BE COMPLETED AND SIGNED BY A LICENSED PHSYCIAN

I give the MISD Child Nutrition Department permission to speak with the below-named physician or recognized medical authority to discuss the dietary needs described below.

Parent/Guardian Signature:	Date:
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Part B (to be filled out only by a licensed Medical Doctor or Recognized Medical Authority treating the student)

Indicate which dietary modification the student needs and specify what changes need to be made:

Lactose intolerance/dairy allergy (CHECK IN): no milk to drink Avoid all dairy products juice in place of milk

Life-threatening food allergies (check in): ingestion contact inhalation

wheat soy eggs (indicate whole eggs or egg as an ingredient)

fish shellfish nuts (indicate peanuts or tree nuts)

Others:

List foods that need the following change in texture. If all foods need to be prepared in this manner, indicate "all."

1. Pureed:

2. Ground:

3. Chopped:

Indicate any other comments about the child's eating or feeding patterns.

Physician or Medical Authority's Signature	Date	
Physician's Name (printed)	Phone #	Fax#

FOR SCHOOL USE ONLY

	Request Approved	Parent Notified	Date
	Request Denied	School Notified	Signature