



International Leadership of Texas Child Nutrition Department Diet Modification Request Procedures

The International Leadership of Texas (IL Texas) Child Nutrition Department will make accommodations for a student with a disability or life-threatening food allergy based on the diet prescribed by the student's physician. A completed Physician's Diet Modification Form must be on file with the school nurse before accommodations can be made. The form can be downloaded below or obtained from the school nurse.

Peanut Aware

International Leadership of Texas Policy excludes serving nut and peanut products at IL Texas. School-provided lunches may contain ingredients that are not necessarily manufactured in a nut-free environment and may contain allergens, including peanuts.

Special Diet Accommodations Due to Food Allergies

Complete the Physician's Diet Modification Form if your student has a disability or severe food allergy. This form will require a licensed physician's or Registered Dietitian signature. See below for further explanation under "Students with Disability" section.

Students with Disability

IL Texas Child Nutrition strives to offer healthy, well-balanced meals that are required to meet strict nutritional guidelines and standards for the National School Breakfast and Lunch programs overseen by the Texas Department of Agriculture (TDA). We are able to provide an alternate menu, for students with a medical disability once we receive documentation signed by a medical authority licensed to write prescriptions by the state.

Meal Accommodations are required for students that have:

- A physical or mental impairment that substantially limits one or more major life activities including eating. For Example: Digestion is an example of a bodily function that is a major life activity. A student whose digestion is impaired by lactose intolerance may be a person with a disability regardless of whether or not consuming milk causes student severe distress.
- Food allergies that may result in severe, life-threatening (anaphylactic) reactions

All Physician's Diet Modification Form can be submitted directly to the school nurse. A new form is not required each year, however, any changes to a student's health needs must be updated and include a signed statement from a licensed medical authority.

Students Without a Disability

For those with non-severe allergies or other intolerances, please complete the Physician's Diet Modification Form. Menu accommodations cannot be made for personal requests, including personal and religious preferences. However, menus are planned with a variety of options including at least one vegetarian option daily which may include egg or cheese.

A restriction can be added to your student's account to alert the Cashier of your student's dietary preference. However, it is the student's responsibility to choose foods that fit their dietary needs. If you would like to add a restriction to your student's account regarding specific eating preferences (i.e., vegetarian, no pork, etc.) please complete a Physician's Diet Modification Form and return the form to the nurse and childnutrition@iltexas.org.



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The Steps to Complete a Physician's Diet Modification Form Request

1. The first step is to print the medical statement form “**International Leadership of Texas (IL Texas) Physician's Diet Request Form**” found on the International Leadership of Texas website: <https://www.iltexas.org/families/child-nutrition> under “*Special Diet Request*”.
 - A printed copy of this form may also be obtained from the school nurse.
2. Parent/Guardian must return the completed and signed form back to the school nurse. Incomplete and unsigned forms will not be accepted. It is a requirement to obtain all necessary information for the school to make any meal accommodations.
3. The Sodexo's dietitian will evaluate the request for appropriate meal accommodations. Should there be any questions/adjustments needed with meal accommodations, the dietitian and/or nurse will email or phone the parent/guardian using the contact information provided on the form.
4. Special dietary modification requests will be processed in order of a first come basis.
5. If necessary, Parents/Guardians are encouraged to temporarily provide the student with meals from home while the special dietary modification request is being processed for food accommodation and equipment needs.
6. The Assistant Directors, Cafeteria Manager, Nurse and Cashier will receive notification from Sodexo's dietitian on the final plan for meal accommodations and equipment needs.

Medical Statement for Children with Disabilities

A child with a disability must be provided reasonable substitutions in foods when that need is supported by a statement signed by a licensed physician, physician's assistant or nurse practitioner. The physician's statement must identify:

- The child's disability
- An explanation of why the disability restricts the child's diet
- The major life activity affected by the disability
- The food(s) to be omitted from the child's diet, texture modifications and the food or choice of foods that is being requested as a substitution.

Menu Modifications for Children Without Disabilities

The school food authority will decide these situations on a case-by-case basis. This provision covers those students who have food intolerances or allergies that do not affect a major life activity.

- IL Texas will consider an additional non-disability accommodation request for students in regards to religious/cultural beliefs if a special dietary modification request has been submitted.
- IL Texas will not make meal accommodations for food preferences. A variety of food options are offered daily for students to choose their preferred food items.
- Students are not required to take milk. There is also a choice of water daily. IL Texas will provide a fluid milk substitution if a special dietary modification request has been submitted.

Contact Information

If you have any questions contact your school nurse or Child Nutrition Department. Email the Child Nutrition Department at childnutrition@iltexas.org.



**International Leadership of Texas
Physician's Diet Modification Form**

(To be returned to the School Nurse and forwarded to Child Nutrition Department)

Student's Name: _____ Student ID#: _____ DOB: _____

Parent/Guardian's Name: _____ Telephone: _____

School Name: _____

As the parent/guardian, I give permission of The International Leadership of Texas to contact the Physician's office noted below regarding my child's dietary needs: _____

(Parent Signature)

The U.S. Department of Agriculture School Meals Program requires that all questions be answered in order for any dietary modification or substitution to be made in school meals. This form must be signed by a licensed physician.

Physician's Statement

I, _____, (Physician) declare the child listed above to possess either a LIFE THREATENING FOOD ALLERGY or a DISABILITY:

LIFE THREATENING FOOD ALLERGY– OMIT THESE FOODS (CIRCLE ALL THAT APPLY):

Fluid Milk Peanuts Tree Nuts Eggs Shellfish Wheat Soy Other: _____

OR

DISABLING DIAGNOSIS REQUIRING DIETARY MODIFICATION:

1. Can the student consume foods where the allergen is an ingredient in the food product? Yes No
Explain (Example: Any foods that contain eggs or milk are unacceptable):

2. Explanation of why this disability restricts diet:

3. Major life activities affected by the life threatening food allergy or disability (check all that apply):

eating caring for self performing manual tasks walking
 seeing hearing breathing learning

4. Foods to substitute (substitutions must be noted below)?

Physician's Signature: _____ Date: _____

Clinic/Facility Name: _____ Phone Number: _____