Physician Order for Diet Modification

EAU CLAIRE AREA SCHOOL DISTRICT

500 Main Street, Eau Claire WI 54701

Part I - To be completed by parent/guardian:

I hereby request that my child, _____, DOB: _____
(Name of Child) (Birthdate)

receive a modified diet as prescribed by his/her physician, _____
(Physician Name)

School: _____ Grade: _____ Teacher: _____

Date: _____ Parent/Guardian Signature: _____

Part II - To be completed by physician:

Medical reason for diet modification: _____

Does the student have a **FOOD INTOLERANCE**? (i.e., lactose intolerance, gluten intolerance, fructose intolerance)
☐Yes ☐ No
If yes, please list specific food intolerance: _____
Foods to be omitted: _____
Foods that are appropriate substitutions: _____
Specific Instructions (i.e., no liquid milk, may have cheese): _____
_____

Does the student have a **FOOD ALLERGY**? (i.e., tree nuts, peanuts, strawberries)
☐Yes ☐ No
If Yes, please check all that apply
☐Peanut ☐ Tree nut ☐Dairy ☐Eggs ☐Fish ☐ Soy ☐Wheat ☐Gluten ☐Sesame ☐Other please specify:
_____
Foods to be omitted: _____
Foods that are appropriate substitutions: _____
Specific Instructions _____
_____

Additional Diet orders include food modification, fluid requirements, feeding times, adaptive equipment, texture modification as needed: _____

_____

Additional precautions: (i.e., choking, feeding positioning, etc.): _____

Physician Signature: _____ Date: _____

Physician Printed Name: _____ Phone: _____

Clinic/Hospital: _____

Original: Pupil Record **Copy** Food & Nutrition Office **Copy**: School Nurse **Copy**: Kitchen Manager/School Cook

Physician Order for Diet Modification Instructions

This form should be completed for all children requiring diet and/or feeding modification. Parents should be encouraged to complete this form even if it is not anticipated that the child will eat school breakfast or lunch. Indications for use include:

1. Food allergies.
2. Diet modification requirements due to health conditions.
3. Requirements for food alteration, e.g., texture modification, fluid requirements, or tube feedings.

Parent/Guardian Responsibilities

1. Notify school of the specialized diet needs of the child.
2. Complete the top of Physician Order for Diet Modification form and sign.
3. Deliver the completed physician orders with physician signature to the school principal.
4. Written instructions must be obtained from the physician and delivered to the school each time there is a change in diet modification.
5. Notify the school, in writing, if the diet modification is discontinued during the school year.

School Responsibilities

1. Provide the parent/guardian with the Physician Order for Diet Modification form for any child needing diet modifications.
2. Promptly notify school nurse of child's dietary needs.
3. Distribute the copies of the form; original to pupil record, copy to Director of the Food & Nutrition Program, copy to Food and Nutrition Manager, copy to School Nurse.
4. Add information to the school health data base and pupil record.

School Nurse Responsibilities

1. Provide information to school staff related to the diet modifications or disease as needed.
2. Assist with problem-solving for cases as needed.

Food/Nutrition Responsibilities

1. Provide dietary modifications according to the physician's orders.

Nondiscrimination Statement:

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf from any USDA office, by calling (866)632-9992, or by writing a letter addressed to USDA.

The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA.

1. By 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
3. email: program.intake@usda.gov.

This institution is an equal opportunity provider.