

# Special Dietary Accommodations Request Form



Minneapolis Public Schools (MPS) Culinary & Wellness Services (CWS) provides special dietary accommodations for meals and/or snacks on a case-by-case basis for participants with a documented medical condition or disability that restricts their diet. MPS CWS does not provide dietary accommodations for requests related to religious, moral convictions or personal preference. Annual updates to these forms are recommended to best support student's needs.

Return completed forms by email ([ask.dietitian@mpls.k12.mn.us](mailto:ask.dietitian@mpls.k12.mn.us)), fax (612-668-2830), or mail (812 Plymouth Ave N, Mpls 55411). Please allow 10-14 days for processing and implementing dietary accommodations.

## Caregivers/Parents/Guardians, complete this section to request lactose free milk.

*Note: Completing this section will provide lactose free milk to drink and will not result in dairy free milk or meals. See instructions on the reverse side for dairy free milk or meals.*

**Students with Lactose Intolerance:** Schools are required to provide lactose free milk for students that are lactose intolerant upon written request from a parent (MN State Statute 124D.114). Requests for lactose free milk only require a parent/guardian signature. This request does not result in dairy free milk or meals.

Student Name (Last, First): \_\_\_\_\_ Birth Date: \_\_\_\_\_

School: \_\_\_\_\_

I certify that my student is lactose intolerant and should be provided with lactose free milk.

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

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

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## To update or discontinue special dietary accommodations on file with MPS CWS, complete this section.

Student Name (Last, First): \_\_\_\_\_ Birth Date: \_\_\_\_\_

School: \_\_\_\_\_

**Update:** Remove the following food allergies from my student's account because they can now consume them: \_\_\_\_\_

**Discontinue:** My student no longer needs special dietary accommodations and all food allergies can be removed from account effective on the date below.

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

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

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**To request meal/snack modifications due to medical conditions, please follow instructions on the reverse side.**

**Questions?** Contact the MPS CWS Dietitian at [ask.dietitian@mpls.k12.mn.us](mailto:ask.dietitian@mpls.k12.mn.us) or 612-668-2847.

This institution is an equal opportunity provider.

# Special Diet Statement



Completed this form to request meal/snack modifications due medical conditions. Please return this form annually to support your student's dietary needs. Incomplete forms will delay the approval process. Any changes in dietary needs requires a new form completed by the student's licensed health care provider.

Student Name (Last, First): \_\_\_\_\_ Birth Date: \_\_\_\_\_

School: \_\_\_\_\_

**Voluntary Authorization:** 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 Minneapolis Public Schools (MPS) and I consent to allow the physician/medical authority to freely exchange the information listed on this form and in my student's records with MPS 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 my student. I understand that permission to release this information may be rescinded at any time except when the information has already been released.

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

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

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Physician or recognized medical authority\* must fully complete this section. Incomplete forms will be returned.**

*\*Includes licensed physician, physician assistant, Registered Dietitian, or an advanced practice registered nurse, such as a certified nurse practitioner.*

1. Does the child have a disability?  No  Yes (If yes, please describe below)

2. Describe the child's physical or mental impairment(s) and how it restricts the child's diet: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Does the child have a food allergy or intolerance?  No  Yes (If yes, identify foods to be omitted below)

**Foods to be omitted from the child's meals:** (check all that apply)

- |                                    |   |                                       |
|------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Peanuts   | <input type="checkbox"/> Eggs   | <input type="checkbox"/> Fish         |
| <input type="checkbox"/> Tree nuts | <input type="checkbox"/> Eggs as ingredient in baked product  | <input type="checkbox"/> Shellfish    |
| <input type="checkbox"/> Coconut   | <input type="checkbox"/> Dairy (please check all that apply)  | <input type="checkbox"/> Soy          |
| <input type="checkbox"/> Wheat     | <input type="checkbox"/> Milk, liquid <input type="checkbox"/> Yogurt <input type="checkbox"/> Cheese | <input type="checkbox"/> Sesame       |
| <input type="checkbox"/> Gluten    | <input type="checkbox"/> Milk as ingredient in baked product  | <input type="checkbox"/> Other: _____ |

**Foods to substitute:** \_\_\_\_\_  
\_\_\_\_\_

**Texture modification:** (If needed, indicate appropriate IDDSI level. MPS can provide levels 4, 5, and 6.)

- IDDSI level 4 – pureed/extremely thick  IDDSI foods 5 – minced & moist  IDDSI level 6 – soft & bite sized

**Print Name & Credentials:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

Completed forms should be returned to [ask.dietitian@mpls.k12.mn.us](mailto:ask.dietitian@mpls.k12.mn.us) or by fax: 612-668-2830.

**Disclaimers:** MPS does not have certified gluten free facilities and all menu items are prepared on shared equipment. MPS does not purchase or serve items with peanuts or tree nuts\* but may serve pre-packaged items processed in a facility with peanuts or tree nuts. \*MPS serves coconut and items made with coconut. This institution is an equal opportunity provider.