Office of Food and Nutrition
951 Walnut Street, Evansville, Indiana 47713
Phone (812) 435-8258 Fax (812) 435-8544
www.evscschools.com

# Special Dietary Request Policy and Procedure– V2; January 30, 2026

Special Dietary Modification Request Procedure:

1. Obtain a copy of the "Food and Nutrition Services Dietary Request Form" from the school nurse or print one off the EVSC website: www.evscschools.com/foodandnutrition, under the "Special Dietary Needs" link.
2. Parent/Guardian must return the completed and signed form 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. School nurses will submit the completed form to the EVSC Registered Dietitian (RD) by emailing it to foodnutrition@evsck12.com.
4. The RD will evaluate the request for appropriate meal accommodations. Should there be any questions/adjustments needed with meal accommodations, the RD or nurse will email or call the parent/guardian using the contact information provided on the form.
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 school cafeteria manager and school nurse will receive notification from the EVSC RD on the final plan for meal accommodations and equipment needs.

Procedural Safeguards

If the household feels accommodations are not being met, they have the right to contact the 504 Coordinator and:

- File a grievance if they believe a violation has occurred regarding the request for a reasonable modification;
- Receive a prompt and equitable resolution of the grievance;
- Request and participate in an impartial hearing to resolve their grievances;
- Be represented by counsel at the hearing;
- Examine the record; and
- Receive notice of the final decision and a procedure for review, i.e., right to appeal the hearing's decision.

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, nurse practitioner, or Registered Dietitian. 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

These situations will be handled on a case-by-case basis.

- Dietary needs due to lifestyle and religious reasons are important to our school but not a requirement by USDA to make accommodations. Our school will try to accommodate lifestyle and religious needs through our current menu choices.
- Students are not required to take milk. There is also a choice of water daily. EVSC will provide a USDA approved fluid milk substitution if a special dietary modification request has been submitted.

Questions/Concerns

- Contact Kristina Legg, RD, Nutrition Specialist via phone (812) 435-8365 or E-mail foodnutrition@evsck12.com

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# FOOD AND NUTRITION DIETARY REQUEST FORM

**STUDENT'S NAME (Last, First)**_____**Grade**_____ **Date of Birth**_____

☐ ***NEW* Request** ☐ ***CHANGE or MODIFY* Existing Request** ☐ ***DISCONTINUE* Request**

## Students with a Medical Disability/Life Threatening

### Section A. To be Completed by Physician/Medical Authority

What is the student's disability, why does it restrict the student's diet, and what are the major life activities affected by the disability?

_____

_____

**I. Food Allergy/Intolerance**
*Medical Authority Signature Required*

**Type of Allergy:** ☐ Ingestion ☐ Contact ☐ Airborne

**Dairy Allergy:**
☐ No Dairy Products at all (not even in baked goods)
**Soy/ Lactose Free Milk will be offered in place of dairy milk*

**Dairy Intolerance**
*(If ONLY intolerant to fluid dairy milk please proceed to section B):*

☐ No Yogurt due to Lactose Intolerance

☐ No Cheese due to Lactose Intolerance

**Egg Allergy:** ☐ No Whole Eggs ☐ No Eggs in baked goods

**Wheat Allergy:** ☐ No Wheat ☐ Gluten Free

**Other Allergy:**
☐ **No Peanut** ☐ **No Tree Nut** ☐ **No Fish** ☐ **No Shellfish**
☐ **No Soy** (soy lecithin and soy oil allowed)
☐ **Other (Please list):**

_____

_____

**Safe Food Substitutions & Notes:**

_____

_____

**II. Therapeutic Diet Order:**
*Write specifics in space provided*

☐ Diabetic ☐ Renal ☐ PKU ☐ Cardiac ☐ Sodium Restriction ☐ Other

Notes: _____

_____

**III. Texture Modification:**

Special Utensils required:

_____

_____

☐ Year Round ☐ Temporary: Start: _____ Stop: _____

**Liquids:**
☐ Thin (Regular liquids)
☐ Nectar Thick
☐ Honey Thick
☐ Pudding Thick

**Solids:**
☐ Mechanical Soft (chopped)
☐ Mechanical Soft (ground)
☐ Pureed (Applesauce texture)

**NOTES:**

_____

_____

### Section B: Lactose Intolerance of Dairy Fluid Milk only
### To be completed by parent/guardian- does not need Medical Authority signature

☐ No Fluid Dairy Milk due to Lactose Intolerance
**Lactose Free Milk or Soy Milk will be offered*

**NOTES:**

_____

_____

***To be completed only by STUDENT'S TREATING PHYSICIAN, PHYSICIAN ASSISTANT, NURSE PRACTITIONER, OR REGISTERED DIETITIAN***

***I certify that the above named student needs to be offered food substitutions as described above.***
**** EVSC will attempt to accommodate substitutions but reserves the right to modify the menu based on product availability.***

**Printed Name of Medical Authority** _____ ☐ **MD** ☐ **DO** ☐ **PA-C** ☐ **NP** ☐**RD** **DATE**_____

**Signature of Medical Authority:** _____ **CONTACT TELEPHONE NUMBER**_____

***To be completed by PARENT OR GUARDIAN***

I understand as a parent that it is my responsibility to renew this form **any time there is a change or discontinuation of dietary needs** and give to the school nurse. I give Evansville Vanderburgh School Corporation permission to speak with the medical authority to discuss dietary needs as ordered and release information to pertinent staff.

_____
**PARENT/GUARDIAN SIGNATURE** **DATE**

_____
**Parent/Guardian Email Address (CLEARLY PRINT)** **CONTACT NUMBER OF PARENT/GUARDIAN**

***To be completed by SCHOOL NURSE*** ***Updated 1/16/2025***

Printed Name of RN, Email & Phone #_____School_____ORG#_____

Printed Name of School Café Supervisor, Email & Phone #_____

Scan form to: foodnutrition@evsck12.com | CONTACT EVSC REGISTERED DIETITIAN AT 812-435-8365 WITH QUESTIONS OR CONCERNS |

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