OMAHA Public Schools
NUTRITION SERVICES

P (531) 299-0230
F (531) 299-0416

3215 Cuming Street
Omaha, NE 68131

www.ops.org

Dear Parent,

If your child will require a special diet or will need the school meal to be modified due to a medical condition, please complete the Medical Statement for Students Requiring Special Meals (see second page). This form is required before we can provide your student with anything other than the standard school meal.

Required information includes:

- A description of the child's physical or mental impairment that restricts the diet.
- List of food allergies.
- The food or foods to be omitted from the child's diet and the foods which need to be substituted.

Please ensure that detailed diet information is provided on the medical statement. This information is necessary to ensure your student is provided with the foods which are appropriate to their specific dietary needs. For example, if your student cannot have milk, we need to know if they cannot have milk to drink, if they need to avoid lactose-containing foods, or if they must avoid all foods containing dairy products.

To ensure our kitchen staff are adequately informed and prepared to accommodate your student's special diet, please allow 5 days to implement the diet plan. Advanced notice regarding your student's dietary needs is appreciated.

Please complete the Medical Statement for Students Requiring Special Meals form and turn it into your school's health office or fax it to Nutrition Services at (531) 299-0416. Feel free to contact Taylor Daeges at (531) 299-3981 (taylor.daeges@ops.org), or Donelle Thomas at (531) 299-9959 (donelle.thomas@ops.org) for more information on how we can better meet your student's special diet needs.

Nutrition Services can **NOT** accept a note from a physician on a prescription pad or office letterhead as it does not contain the required information or signatures.

If your child's diet changes for any reason, please make sure that the Medical Statement for Student's Requiring Special Meals is either retracted or removed from the health office. It is the policy of Omaha Public Schools, Nutrition Services to follow any medical documentation that is on file. Nutrition Services understands that a student's diet may change. However, unless new documentation is received, the original Medical Statement for Students Requiring Special Meals will be followed.

Please visit the Omaha Public Schools website at www.ops.org, click on "Students and Families" then "Nutrition Services" for more information regarding school meals.

Thank You.

Non-Discrimination Statement:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

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OMAHA Public Schools
NUTRITION SERVICES

MEDICAL STATEMENT FOR STUDENTS REQUIRING SPECIAL MEALS

Nutrition Services Department | Omaha Public Schools

This statement ***MUST*** be completely filled out for accommodations to be made.
This statement ***MUST*** be updated when there is a change to the diet order.

Name of Student (print): _____ Date of Birth: _____

Parent/Guardian's Name (print): _____ Student ID #_____

I give permission for the school/agency personnel responsible for implementing my child's prescribed diet order to share information with employees to accommodate this food modification request for meals and other activities involving food.

I hereby give permission for the school to follow the above state nutrition plan. Yes ☐ No ☐

_____ _____
Parent or Guardian's Signature Date

_____ _____
Parent or Guardian's Email Parent/Guardian's Phone

TO BE COMPLETED BY HEALTH CARE PROFESSIONAL

Does the student have a physical or mental impairment that restricts the diet, the Individualized Education Program (IEP) Plan, or potential for severe allergic reactions (anaphylaxis to food)?

Yes ☐ (MD must sign form) **No ☐ (Alternate healthcare professional may sign)***

Student's Diagnosis or Condition: _____

Description of student's physical or mental impairment that restricts the diet, including allergies: _____

Diet Prescription: _____

Food Allergy or Intolerance (describe): _____

Is this allergy life-threatening? Yes ☐ No ☐

For **MILK** related allergies or intolerances, please select items to avoid below:

Lactose-containing foods ☐ Milk to drink ☐ All products containing dairy ☐

Alternative milk options: Lactose Free ☐ Soy ☐ None ☐

For **EGG** Allergies, please select below:

All egg-containing products ☐ Raw Egg (Baked eggs are allowed) ☐

Foods to be Omitted	**Substitutions**

Indicate Texture: Regular ☐ Soft and Bite Sized ☐ Minced and Moist ☐ Pureed ☐

Indicate Thickness of Liquids: Thin ☐ Mildly Thick ☐ Moderately Thick ☐ Extremely Thick ☐

☐ Special Feeding Equipment: _____

Additional Comments: _____

I certify that the above named student needs special school meals as described above, due to the student's physical or mental impairments.

*A licensed physician's (MD or DO) signature is required for students with a disability. For students without a medical diet related disability a licensed physician or recognized medical authority physician's assistant (PA), advanced registered nurse practitioner (ARNP), licensed medical nutrition therapist (LMNT), Registered Dietitian (RD), or a chiropractic physician may sign the form. An individual with a disability is described under Section 504 of the Rehabilitation Act and the Americans with Disability Act (ADA) as a person who has a physical or mental impairment that substantially limits one or more "major life activities", including the education day and has a record of such impairment, or is regarded as having such an impairment.

_____ _____
Physician/Medical Authority Signature* **Physician/Medical Authority's Name (Print)**

_____ _____ _____
Signature of Preparer or Other Contact **Phone Number** **Date**