Special Dietary Accommodations Request Form

Student Name (Last, First): _____ Birth Date: _____

School: _____

Request for Lactose Free Milk

Caregivers: 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.

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

Parent/Guardian Signature:_____ Date:_____

Parent/Guardian Name:_____

E-mail Address:_____Phone:_____

Update or Discontinue Current Dietary Accommodations

Caregivers: Complete this section to update or discontinue special dietary accommodations on file with MPS CWS.

☐ **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:_____

E-mail Address:_____Phone:_____

Annual updates to this form are recommended to best support student's needs. Special Diet Statement for Medical Dietary Needs on the reverse side.

Return completed forms by email (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.

Questions? Contact the MPS CWS Dietitian at ask.dietitian@mpls.k12.mn.us or 612-668-2847. For more information, visit www.mpschools.org/departments/cws/special-diets.

Special Diet Statement for Medical Dietary Needs

Federal law and USDA regulation require nutrition programs to make reasonable modifications to accommodate children with disabilities. Under the law, a disability is an impairment which substantially limits a major life activity or bodily function, which can include allergies and digestive conditions, but does not include religious, moral convictions, or personal preferences.

Student Name (Last, First): _____ Birth Date: _____

School: _____

Voluntary Authorization: I give MPS permission to provide to and receive from the medical authorities listed below any private education or health information necessary to prepare, update, or amend this Special Diet Statement. I understand that I may refuse to sign this authorization without impact on the eligibility of my request. I understand that I may rescind permission to release this information at any time, except when the information has already been released.

Parent/Guardian Signature:_____ Date:_____

Parent/Guardian Name:_____

E-mail Address:_____ Phone:_____

Instructions: The student's licensed healthcare provider must fully complete the information below. Incomplete forms will be returned and delay approval. Please allow 10-14 days for processing and implementing dietary accommodations. Parent/Guardian will be notified via email after the request is evaluated by the CWS Dietitian. Annual updates to this form are recommended to best support student's needs. Changes in dietary needs require a new form completed by the health care provider.

Physician or medical authority* completes this section.

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

1. Does the student have a disability recognized by the ADA Amendments Act? ☐ Yes ☐ No
   If yes, identify major life activities affected by disability: _____
2. Student's diagnosis or condition:_____
3. For food allergies or intolerances, select foods to avoid:
   ☐ Peanuts ☐ Tree nuts ☐ Coconut ☐ Soy ☐ Fish ☐ Shellfish ☐ Gluten/Wheat ☐ Sesame
   ☐ Other: _____

   For egg allergies, select items to avoid:
   - ☐ All egg-containing products
   - ☐ Whole egg (scrambled or boiled)
   - ☐ Eggs as ingredient in baked product

   For milk allergies or intolerances, select items to avoid:
   - ☐ All milk-containing products ☐ Yogurt ☐ Cheese
   - ☐ Milk as beverage, substitute with:
     ☐ Water ☐ Dairy-free milk ☐ Lactose-free milk
4. Foods to substitute, if needed:_____
5. Texture modification, if needed, indicate IDDSI levels:_____

Medical Authority's Name & Credentials: _____

Signature: _____ **Date:** _____

Clinic/Hospital: _____

Phone Number: _____ **Fax Number:** _____

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

Disclaimer: MPS does not have certified gluten free facilities and all menu items are prepared on shared equipment. For more information, visit www.mpschools.org/departments/cws/special-diets.