SPECIAL DIET FORM

This form must be completed *annually* in its entirety and submitted to the school before any meal substitutions can be made for your child.

Part 1-To be completed by parent/guardian. PLEASE PRINT

Student Name:_____ DOB_____

Parent/Guardian Name:_____Phone: H( ) W ( ) M ( )_____

In accordance with provisions of the Health Insurance Portability and Accountability Act (HIPPA) of 1996 and the Family Educational Rights and Privacy Act (FERPA) I hereby authorize (Name of Licensed Provider)_____ to release such protected health information of my child as is necessary for the specific purpose of special diet information to (Name of School)_____ and I consent to allow the provider to freely exchange the information listed on this form and in my child's records with the school district as necessary. I understand that I may refuse to sign this authorization without permission to release this information at any time except when the information has already been released. My permission to release this information will expire on (*Expiration Date)_____.
***Note:** The recommended expiration date is for a period of one year so that updates to the medical statement can be made in conjunction with the child's annual physical.

Parent/Guardian Signature:_____Date:_____

Part 2-To be completed by licensed provider. PLEASE PRINT

1. **State Allergen or Food to be avoided:**

2. **Provide brief explanation of how exposure to this food affects the student:**

3. **Other Dietary Modifications or Additional Instructions:**

Provider's Name:_____Office Phone:_____

Provider's Signature:_____Date:_____

Non-Discrimination

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)887-8339.

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: http://www.usda.gov/sites/default/files/documents/ad-3027.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 by:

1. **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:**
   (833)256-1665 or (202)690-7442
3. **Email:**
   Program.Intake@usda.gov

This institution is an equal opportunity provider.