

## SPECIAL DIETARY NEEDS

### I. PURPOSE

The purpose of these guidelines is to assist in identifying the responsibilities of the school district personnel in providing school meals to students who have special dietary needs.

### II. GENERAL STATEMENT

- A. The school district recognizes the importance of building an awareness of addressing the nutrition management of students with special dietary needs. There are many conditions that require special diets. The most frequently reported are food allergies and food intolerance.
- B. The school district recognizes the need for communication among school food and nutrition personnel, special education teachers, nursing and medical personnel, school administrators, classroom teachers, support personnel, and parents in determining dietary needs of students.

### III. PARTICIPANT WITH DISABILITIES

#### A. Definition of "Disability"

The provision requiring substitutions or modifications for persons with disabilities respond to the federal requirements under Section 504 of the Rehabilitation Act of 1973 and the regulations that implement that law (7CFR 15b) which provide that no otherwise qualified individuals shall be excluded from participation in, be denied benefit of, or subjected to discrimination, under any program or activity receiving federal financial assistance, solely on the basis of their disability. Therefore substitutions to the meal pattern, or modifications to a food item, are required for those participants with disabilities who are unable to consume the regular Program meals.

#### Definition of "handicapped person" from 7 Code of USDA Federal Regulations 15b(3):

The definition of "handicapped person" is provided in 7 CFR(3)(i):

- (i) *"Handicapped person" means any person who has a **physical or mental impairment** which **substantially limits** one or more **major life activities**, **has a record of such an impairment**, or is regarded as **having such an impairment**.*

The parts of the definition of "handicapped person" shown in bold print are further defined in 7 CFR 15b(j) through 15b(m).

- (j) *"Physical or mental impairment" means (1) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological; musculoskeletal; special sense organs; respiratory including speech organs; cardiovascular, reproductive, digestive; genitourinary; hemic and lymphatic; skin; and endocrine; or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term physical or mental impairment includes, but is not limited to, such diseases and conditions as orthopedic, visual speech, and hearing impairments; cerebral palsy; epilepsy; muscular dystrophy; multiple sclerosis, cancer; heart disease; diabetes; mental retardation; emotional illness; and drug addiction and alcoholism.*
- (k) *"Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.*
- (l) *"Has a record of such an impairment" means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities.*
- (m) *"Is regarded as having an impairment" means (1) has physical or mental impairment that does not substantially limit major life activities but that is treated by a recipient as constituting such a limitation; (2) has a physical or mental impairment that substantially limits major life activities only*

*as a result of the attitudes of others towards such impairments, or (3) has none of the impairments defined in paragraph (j) of this section but is treated by a recipient as having such an impairment.*

**B. Special Diet Statement for a Participant *With* a Disability**

The determination of whether a student has a disability, and whether the disability restricts the student's diet, are to be made on an individual basis by a state licensed healthcare professional authorized to write medical prescriptions. This may include a doctor, nurse practitioner or a physician's assistant. A statement signed by a licensed health care professional must support substitutions.

The medical statement must include the following:

- Information about the child's physical or mental impairment that is sufficient to allow the School Food Authority to understand how it restricts the child's diet;
- An explanation of what must be done to accommodate the child; and
- The food or foods to be omitted and recommended alternatives, if appropriate.

The statement does not have to be renewed each year as long as there are no changes. The Special Diet Statement form will be available to any interested parent or guardian so that their physician may determine whether the child meets the regulatory criteria.

For students with disabilities who require modifications in texture (such as chopped, ground, or pureed foods), calories or other modifications a licensed healthcare professional's written instructions indicating the appropriate food texture is required. Unless otherwise specified by the licensed healthcare professional, meals modified for texture will consist only of food items and quantities specified in the regular menus.

**C. Individual Education Plan (IEP)**

The Individualized Education Plan is the management tool for students receiving special education related services. The services prescribed in the IEP may include special meals so nutrition should be a part of the IEP for a child who requires a special diet.

**IV. PARTICIPANT WITHOUT A DISABILITY**

General health concerns, such as a parent's preference that a child eat a gluten-free diet because the parent believes it is healthier for the child, are not disabilities and do not require a modification.

In most cases, the special dietary needs of a person who does not have a disability may be managed within the normal program meal service when variety of nutritious foods are made available to students, and the "Offer versus Serve" provision (if applicable) is utilized to maximize a participant's choices. Whenever a food substitution(s) can be provided within the framework of the regular meal pattern, a Special Diet Statement is not needed.

**V. STATE LAW ON LACTOSE INTOLERANCE (for School Nutrition Programs)**

The responsibility of a school food authority to provide substitutions for any child with lactose intolerance is specified in state law (Minnesota Statutes section 124D.114). Under this law, a school district or nonpublic school that participates in the National School Lunch Program or School Breakfast Program and receives a written request from a parent/guardian shall make available:

- Lactose reduced or lactose-free milk; or
- Milk fortified with lactase in liquid, tablet, granular or other form; or
- Milk to which lactobacillus acidophilus has been added.

The school is **not allowed** to substitute juice (fruit or vegetable) or any soy- or rice-based beverage that is not nutritionally equivalent to cow's milk for a participant who is lactose intolerant.

The written request does not have to be renewed each year as long as there are no changes.

A. **FLUID MILK SUBSTITUTION** (pertains only to the National School Lunch Program, School Breakfast Program, Special Milk Program, and the Minnesota Kindergarten Milk Program)

a. **Students with Disabilities**

Substitutions or modifications must be made in school meals for a child who has a disability that restricts their diet per USDA regulations (7 CFR Part 15b). Fluid substitutions may be made with the completion of a Special Diet Statement (see Section III B). Fluid substitutions will be followed according to the signed special diet statement.

b. **Students without Disabilities**

Requests for a milk substitute (a product that is nutritionally equivalent to cow's milk) may be made by parent/guardian or a recognized medical authority. According to U.S. Department of Agriculture (USDA) regulations, the only beverage that may be substituted for milk for a participant without a disability is a "milk substitute that is nutritionally equivalent to cow's milk" as defined by the USDA regulations. Juice, for example, does not meet the standard of being nutritionally equivalent to cow's milk and therefore cannot be substituted for milk even when a request is submitted on a participant's behalf by a recognized medical authority. A school may choose to or not to accommodate the request.

**VI. REIMBURSEMENT FOR SPECIAL DIETARY MEALS**

The USDA Departmental Rule 7 CFR15.26(d), 2009 and the National School Lunch, School Breakfast, and Child and Adult Care Food Program Regulations, 2009 require schools participating in the National School Lunch Program and/or school breakfast program to serve special meals at no extra charge to students whose disability restricts their diet. The student must meet the definition of handicapped set forth in 7CFR15b.3 (k) and the handicap must restrict the student's diet. Furthermore, substitution/modification must be supported by a diet or a medical statement signed by a state recognized medical authority, which states the need for substitution and a recommendation for alternate foods.

**VII. COOPERATION (as stipulated in FNS Instruction 783, Rev. 2, Section V Cooperation)**

When implementing these guidelines, food service personnel should work closely with parents, other responsible family members, and with all other school, child care, medical, and community personnel who are responsible for the health, well-being and education of participants with disabilities or with other special dietary needs to ensure that reasonable accommodation are made to allow participation in the meal service.

A discontinuation of a special diet will be followed when a written request from a parent/guardian or Medical Authority is received.

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*Legal References:* Section 504 of the Rehabilitation Act of 1973  
The Individuals with Disabilities Education Act (IDEA)  
Americans with Disabilities Act of 1990 (ADA)  
National School Lunch, School Breakfast, and Child and Adult Care Food Program  
Regulations 2

# Special Diet Statement

School Food Authorities (SFAs) must make reasonable substitutions to meals on a case-by-case basis for children who are considered to have a disability that restricts their diet [7 CFR 210.10(m)]. According to the ADA Amendments Act, most physical and mental impairments will constitute a disability.

SFAs are not required to accommodate special dietary requests that do not constitute a disability, including requests related to religious or moral convictions or personal preference. If these requests are accommodated, SFAs must ensure all USDA meal pattern and nutrient requirements are met.

This form is to be completed by a licensed physician, physician assistant, or an advanced practice registered nurse, such as a certified nurse practitioner. Updates to this form are required only when a child's needs change.

Note: Parents may provide a written request for lactose-reduced milk if their child is lactose intolerant without a physician's signature.

## Participant Information

Participant's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Last/First/Middle Initial

Name of School/Center/Site Attended: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

## Required Information: Dietary Accommodation

1. State the allergen or food to be avoided:  
\_\_\_\_\_
2. Brief explanation of how exposure to this food affects the child:  
\_\_\_\_\_
3. List specific foods to be omitted and substituted. Attach a sheet with additional instructions as needed.

Foods to be Omitted	Foods to be Substituted

## Additional Information

Texture Modification:  Pureed  Ground  Bite-Sized Pieces  Other: \_\_\_\_\_

Tube Feeding      Formula Name: \_\_\_\_\_

Administering Instructions: \_\_\_\_\_

Oral Feeding:  No  Yes If yes, specify foods: \_\_\_\_\_

## Signature

Licensed physician, physician assistant, or advanced practice registered nurse such as a certified nurse practitioner must sign and retain a copy of this document.

Prescribing Authority Credentials (print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Clinic/Hospital: \_\_\_\_\_

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

## Voluntary Authorization

Note to Parent(s)/Guardian(s)/Participant: You may authorize the director of the school/center/site to clarify this Special Diet Statement with the physician by signing the following Voluntary Authorization section:

In accordance with the provisions of the Health Insurance Portability and Accountability Act (HIPPA) 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 \_\_\_\_\_ (program name) and I consent to allow the physician/medical authority to freely exchange the information listed on this form and in their records concerning me, with the program 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 me. I understand that permission to release this information may be rescinded at any time except when the information has already been released. Optional: My permission to release this information will expire on \_\_\_\_\_ (date). This information is to be released for the specific purpose of Special Diet information. The undersigned certifies that he/she is the parent, guardian, or authorized representative of the participant listed on this document and has the legal authority to sign on behalf of that participant.

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

OR Participant's Signature (Adult Day Care): \_\_\_\_\_

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, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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 Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) [found online](#) at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), 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  
Washington, D.C. 20250-9410
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

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