

Student's Name		Age
Name of School	Grade Level	Classroom

New Braunfels Independent School District
SPECIAL MEALS REQUEST FORM

Eating and Feeding Evaluation

The Child Nutrition Department is required by the United States Department of Agriculture (USDA) to provide appropriate menu substitutions to students with severe food allergies that are classified as a medical disability or for students with disabilities that restrict their diet.

If your child has a severe food allergy that is classified as a medical disability or has a disability that restricts their diet, please supply your cafeteria manager with this SPECIAL MEALS REQUEST FORM (Parts A & B), completed in full and signed by a licensed physician.

Food substitutions may be made at the discretion of the Child Nutrition Department for individual students who do not have a severe allergy (classified as a medical disability) or a disability but, who are medically certified as having a special dietary need, or religious diet request. Before any decisions are made, this SPECIAL MEALS REQUEST FORM (Parts A & C) must be completed in full and signed by a recognized medical authority.

If you have questions or concerns, please feel free to contact the Child Nutrition Department, 830-627-6742 or 830-627-6743

PART A

The U.S. Department of Agriculture School Meals Program requires that ALL QUESTIONS BE ANSWERED in order for ANY diet modifications or substitutions to be made to school meals.

TO BE COMPLETED BY PARENT OR GUARDIAN

My child will be eating school prepared meals. Please check meals and frequency the student will participate in...
 ___ Breakfast ___ Lunch ___ Afterschool Snacks ___ Afterschool Dinner ___ Mon ___ Tues ___ Wed ___ Thur ___ Fri

My child will not be eating school-prepared meals.

I understand that it is my responsibility to renew this form anytime my child's medical or health needs change. As the parent or guardian, I give permission for New Braunfels ISD to contact the physician's office regarding my child's dietary needs.

 Parent/Guardian Printed Name

 Parent/Guardian Signature

 Contact Phone Number(s)

 Contact Email(s)

For students with severe allergies (classified as a medical disability) or disabilities, continue to PART B (TO BE COMPLETED BY PHYSICIAN'S OFFICE).

For students who do not have severe allergies (classified as a medical disability) or disabilities, but who are medically certified as having a special dietary need, or religious preference, continue to PART C (TO BE COMPLETED BY A RECOGNIZED MEDICAL AUTHORITY).

New Braunfels ISD is not responsible for and cannot guarantee the accuracy of any child's diet. Products stocked by New Braunfels ISD can change due to supplier changes or substitutions or manufacturer's formulation changes. Cafeteria managers and staff are not trained in dietary modifications. Parents are welcome to look at any food ingredient labels or recipes.
 In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the bases of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write the USDA, Director, and Office of Civil Rights, 1400 Independence Ave, SW Washington D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382. USDA is an equal opportunity provider and employer.

PART B

For students with severe allergies (classified as a medical disability) and disabilities.

The U.S. Department of Agriculture School Meals Program requires that ALL QUESTIONS BE ANSWERED in order for ANY diet modifications or substitutions to be made to school meals.

TO BE COMPLETED BY PHYSICIAN'S OFFICE

SECTION 1.

- A) Does the child have a medically classified allergy or a disability* ? Yes No

If no, continue to PART C.

*Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990, a "person with a disability" is any person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment or is regarded as having such an impairment.

- B) The child listed above possesses the following medically classified allergy or disability:

- C) Explanation of why this medically classified allergy or disability restricts the child's diet:

- D) Major Life Activities affected by the medically classified allergy/disability (check all that apply):

- Breathing Eating Walking Speaking Learning
- Major bodily function (includes, but not limited to, immune system, digestive, bowel, bladder, respiratory, skin integrity) Please describe: _____ Performing Manual Tasks

- E) Does the child with the medically classified allergy/disability have special nutrition or feeding needs? If Yes, continue to SECTION 2. and have this form signed by a licensed physician. Yes No

SECTION 2.

- A) Foods/Beverages to omit: _____

- B) Foods/Beverages to substitute with: _____

- C) Can the student consume foods where the allergen(s) is an ingredient in the food product (for example, eggs are omitted, but eggs as an ingredient in pancakes is allowed?). _____

- D) Texture Modification, *if applicable* :

- | | | | |
|----------------------------------|---------------------|---------------------------------|-------------------------|
| <input type="checkbox"/> | Thin | <input type="checkbox"/> | Mechanical Soft Chopped |
| Liquids <input type="checkbox"/> | Thickened (Nectar) | Solids <input type="checkbox"/> | Mechanical Soft Ground |
| <input type="checkbox"/> | Thickened (Honey) | <input type="checkbox"/> | Pureed |
| <input type="checkbox"/> | Thickened (Pudding) | | |

Please provide additional comments or information as related to diet and/or feeding techniques.

Printed Physician's name

Physician's Signature

Date

Clinic/Facility Name

Phone Number

Fax Number

New Braunfels ISD is not responsible for and cannot guarantee the accuracy of any child's diet. Products stocked by New Braunfels ISD can change due to supplier changes or substitutions or manufacturer's formulation changes. Cafeteria managers and staff are not trained in dietary modifications. Parents are welcome to look at any food ingredient labels or recipes.

In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the bases of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write the USDA, Director,

PART C

For students, without severe allergies (classified as a medical disability) or disabilities, that have medically certified special dietary needs requiring food substitutions or modifications.

Food substitutions or modifications for students with special dietary needs or religious preferences may be requested on this form, however, the Child Nutrition Department is not required to provide substitutions to students without severe allergies (classified as a medical disability) or disabilities. Such determinations are only made on a case-by-case basis.

The U.S. Department of Agriculture School Meals Program requires that **ALL QUESTIONS BE ANSWERED** in order for **ANY** diet modifications or substitutions to be made to school meals.

This form must be completed in full and signed by a **Recognized Medical Authority (Physician, Physician's Assistant or Advance Nurse Practitioner)**.

TO BE COMPLETED BY RECOGNIZED MEDICAL AUTHORITY

(Physician, Physician's Assistant or Advanced Nurse Practitioner)

A) Name & describe the special dietary need:

B) Describe the medical or other special dietary reason for the need for substitution:

C) Foods/Beverages to omit (please be specific):

D) Foods/Beverages to substitute with (please be specific):

E) Can the student consume foods where the allergen(s) is an ingredient in the food product (for example, eggs are omitted, but eggs as an ingredient in pancakes is allowed?) _____

F) Texture Modification, *if applicable* :

- | | | | | | |
|---------|--------------------------|---------------------|--------|--------------------------|-------------------------|
| Liquids | <input type="checkbox"/> | Thin | Solids | <input type="checkbox"/> | Mechanical Soft Chopped |
| | <input type="checkbox"/> | Thickened (Nectar) | | <input type="checkbox"/> | Mechanical Soft Ground |
| | <input type="checkbox"/> | Thickened (Honey) | | <input type="checkbox"/> | Pureed |
| | <input type="checkbox"/> | Thickened (Pudding) | | | |

Please provide additional comments or information as related to diet and/or feeding techniques.

Printed Name of Recognized
Medical Authority

Signature of Recognized Medical
Authority

Date

Clinic/Facility Name

Phone Number

Fax Number

New Braunfels ISD is not responsible for and cannot guarantee the accuracy of any child's diet. Products stocked by New Braunfels ISD can change due to supplier changes or substitutions or manufacturer's formulation changes. Cafeteria managers and staff are not trained in dietary modifications. Parents are welcome to look at any food ingredient labels or recipes.

In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the bases of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write the USDA, Director, and Office of Civil Rights, 1400 Independence Ave, SW Washington D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382. USDA is an equal opportunity provider and employer.