

Special Request

Dietary Policy and

Procedure V2; May 30, 2019

Special Dietary Modification Request Procedure:

1. Print the medical statement form **"Food and Nutrition Services Dietary Request Form"** found on the EVSC website: www.evscschools.com/foodandnutrition under *"Special Diet Form"*
 - o A printed copy of this form may also be obtained from the school nurse.
2. Parent/Guardian must return the completed and signed form back to the school nurse. Incomplete and unsigned forms will not be accepted. It is a requirement to obtain all necessary information for the school to make any meal accommodations.
3. School nurses will submit the completed form to the EVSC Registered Dietitian (RD) by emailing it to foodnutrition@evsck12.com.
4. The RD will evaluate the request for appropriate meal accommodations. Should there be any questions/adjustments needed with meal accommodations, the RD or nurse will email or phone the parent/guardian using the contact information provided on the form.
5. If necessary, Parents/Guardians are encouraged to temporarily provide the student with meals from home while the special dietary modification request is being processed for food accommodation and equipment needs.
6. The school cafeteria manager and school nurse will receive notification from the EVSC RD on the final plan for meal accommodations and equipment needs.

Procedural Safeguards

If the household feels accommodations are not being met, they have the right to contact the 504 Coordinator and:

- File a grievance if they believe a violation has occurred regarding the request for a reasonable modification;
- Receive a prompt and equitable resolution of the grievance;
- Request and participate in an impartial hearing to resolve their grievances;
- Be represented by counsel at the hearing;
- Examine the record; and
- Receive notice of the final decision and a procedure for review, i.e., right to appeal the hearing's decision.

Medical Statement for Children with Disabilities

A child with a disability must be provided reasonable substitutions in foods when that need is supported by a statement signed by a licensed physician, physician's assistant or nurse practitioner. The physician's statement must identify:

- o The child's disability
- o An explanation of why the disability restricts the child's diet
- o The major life activity affected by the disability
- o The food(s) to be omitted from the child's diet, texture modifications and the food or choice of foods that is being requested as a substitution.

Menu Modifications for Children without Disabilities

These situations will be handled on a case-by-case basis.

- o Dietary needs due to lifestyle and religious reasons are important to our school but not a requirement by USDA to make accommodations. Our school will try to accommodate lifestyle and religious needs through our current menu choices.
- o Students are not required to take milk. There is also a choice of water daily. EVSC will provide a USDA approved fluid milk substitution if a special dietary modification request has been submitted.

Questions/Concerns

- o Contact Kristina Legg, RD, Nutrition Specialist for EVSC
Phone: (812)435-8258 E-mail:foodnutrition@evsck12.com

FOOD AND NUTRITION DIETARY REQUEST FORM

Student Name (Last, First) _____ Grade _____ Date of Birth _____ School: _____

☐ **NEW Request**

☐ **CHANGE or MODIFY Existing Request**

☐ **DISCONTINUE Request**

Students with a Medical Disability/Life Threatening

Section A

To be Completed by Physician/Medical Authority

What is the student's disability, why does it restrict the student's diet, and what are the major life activities affected by the disability?

I. Food Allergy/Intolerance

Medical Authority Signature Required

****Please note: If student is lactose intolerant to fluid dairy milk ONLY please proceed to section B.**

Type of Allergy: ☐ Ingestion ☐ Contact ☐ Airborne

Dairy Allergy:

☐ No Dairy Products at all (not even in baked goods)

**Soy/ Lactose Free Milk will be offered in place of dairy milk*

Dairy Intolerance

(If ONLY intolerant to fluid dairy milk please proceed to section B):

☐ No Yogurt due to Lactose Intolerance

☐ No Cheese due to Lactose Intolerance

Egg Allergy: ☐ No Whole Eggs ☐ No Eggs in baked goods

Wheat Allergy: ☐ No Wheat ☐ Gluten Free

Other Allergy:

☐ No Peanut ☐ No Tree Nut ☐ No Fish ☐ No Shellfish

☐ No Soy (soy lecithin and soy oil allowed)

☐ Other (Please list):

Safe Food Substitutions & Notes:

II. Therapeutic Diet Order:

Write specifics in space provided

☐ Diabetic ☐ Renal ☐ PKU ☐ Cardiac ☐ Sodium Restriction ☐ Other

Notes: _____

III. Texture Modification:

Special Utensils required:

☐ Year Round ☐ Temporary: Start: _____ Stop: _____

Liquids:

☐ Thin (Regular liquids)

☐ Nectar Thick

☐ Honey Thick

☐ Pudding Thick

Solids:

☐ Mechanical Soft (chopped)

☐ Mechanical Soft (ground)

☐ Pureed (Applesauce texture)

NOTES:

Section B: Lactose Intolerance of Dairy Fluid Milk only

To be completed by parent/guardian- Medical Authority signature not needed

☐ No Fluid Dairy Milk due to Lactose Intolerance

**Lactose Free Milk or Soy Milk will be offered*

NOTES:

To be completed only by STUDENT'S TREATING PHYSICIAN, PHYSICIAN ASSISTANT OR NURSE PRACTITIONER

I certify that the above named student needs to be offered food substitutions as described above.

** EVSC will attempt to accommodate substitutions but reserves the right to modify the menu based on product availability.*

Printed Name of Medical Authority _____ ☐ MD ☐ DO ☐ PA-C ☐ NP **DATE** _____

Signature of Medical Authority: _____ **CONTACT TELEPHONE NUMBER** _____

To be completed by PARENT OR GUARDIAN

I understand as a parent, that it is my responsibility to renew this form **any time there is a change or discontinuation of dietary needs** and give to the school nurse. I give Evansville Vanderburgh School Corporation permission to speak with the medical authority to discuss dietary needs as ordered and release information to pertinent staff.

PARENT/GUARDIAN SIGNATURE

DATE

Parent/Guardian Email Address (CLEARLY PRINT)

CONTACT NUMBER OF PARENT/GUARDIAN

To be completed by SCHOOL NURSE

Updated 1/4/2023

Printed Name of RN, Email & Phone # _____ School _____ ORG# _____

Printed Name of School Café Supervisor, Email & Phone # _____

Scan form to: foodnutrition@evsc12.com | CONTACT EVSC REGISTERED DIETITIAN AT 812-435-0993 WITH QUESTIONS OR CONCERNS | EVSC is an equal opportunity provider.