



**Point Isabel Independent School District
Child Nutrition Program
Accommodating Children with Special Dietary Needs**

Required Documentation

Each special dietary request must be supported by a statement that explains the food substitutions that is required. The request must be signed by a recognized medical authority from the United States. In most cases, recognized medical authorities may include physicians, physician assistants, or advanced practice nurse.

The Texas Department of Agriculture has set forth the following guidelines for accommodating children with special dietary needs.

The physician's statement for Children with Disabilities must

- Be signed by a licensed physician
- Identify the child's disability
- Include an explanation of why the disability restricts the child's diet
- Identifies the major life activity affected by the disability
- Lists the food or foods to be omitted from the child's diet and the food or choice of foods that must be substituted.

from the Texas Department of Agriculture—September 2010 Accommodating Children with Special Dietary Needs 13.3

Medical Statement of Children with Special Dietary Needs must

- Be signed by a physician, physician assistant, or advance practical nurse
- Identify the medical condition that restricts the child's diet
- List the food or foods to be omitted from the child's diet and the food or choice of foods that must be substituted.

from the Texas Department of Agriculture—September 2010 Accommodating Children with Special Dietary Needs 13.4

The medical statement will be kept on file during the school year in the Child Nutrition Manager office at the school and at the main Child Nutrition Office. The Special Diet must be kept current by submitting a new form at the beginning of each school year.

To change a diet order, the Child Nutrition Department must have written consent from the physician.

Please return all completed forms to the Child Nutrition Program staff on your campus.

NOTE: DIETARY ACCOMMODATIONS THAT REQUIRE THE PURCHASE OF SPECIFIC FOOD ITEMS MAY NOT BE AVAILABLE IMMEDIATELY. IT CAN TAKE UP TO 4 WEEKS TO RECEIVE THE FIRST DELIVERY OF SPEICAL ORDER ITEMS.

Please contact the Director of Child Nutrition at 956-943-0079 if you need assistance with special dietary needs.

Distribution of Responsibility

Parents

- Provide a physician's statement to the school nurse, making sure that it includes all required information listed on page 1.
NOTE: If the physician's order contains any statements requiring further clarification, special dietary accommodations will not begin until the physician provides further written clarification.
- Provide updated physician's orders as necessary. Give the school nurse a written statement signed by the physician when accommodations are no longer needed. Dietary accommodations cannot be changed prior to receiving updated documentation from the physician.
- **Physician's diet orders must be renewed every school year. Please provide an updated physician's statement to the school nurse during the summer, prior to the beginning of school. Remember that there may be a delay of up to 4 weeks if special purchases are required.**

School Nurse

- Fax the physician's orders to the Child Nutrition Department, 956-943-0095.
- Serve as a liaison between the Child Nutrition Department and the parent to gather needed information and physical documentation.

Child Nutrition Department

- **What we can do:**
 - Provide meals which to the best of our knowledge meet the physician ordered dietary restrictions
 - Work with the parent and school nurse to adjust the diet as updated physician's orders are received
 - Non-disability students will be handled on a case by case basis
- **What we cannot do:**
 - Interpret, revise, or change a diet order for students with disabilities
 - Provide dietary accommodations for students without a valid medical condition
 - Provide dietary accommodations without the proper physician's documentation
 - Provide fruit juice as a milk substitute for non-disability students.

Figure 1. Eating and Feeding Evaluation: Children with Special Dietary Needs

PART A			
Student's Name		Age	
Name of School	Grade Level	Classroom	
Does the Child have a Disability? If Yes, describe the major life activities affected by the disability.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the child have special nutritional or feeding needs? If Yes, complete Part B of this form and have it signed by a licensed physician.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If the child is not disabled, does the child have special nutritional or feeding needs? If Yes, complete Part B of this form and have it signed by a recognized medical authority.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If the child does not require special meals, the parent can sign at the bottom of this form and return the form to the school food service.			
PART B			
List any dietary restrictions or special diet.			
List any allergies or food intolerances to avoid.			
List foods to be substituted.			
List foods that need the following change in texture. If all foods need to be prepared in this manner, indicate "All".			
Cut up or chopped into bite size pieces:			
Finely ground:			
Pureed or Blended:			
List any special equipment or utensils that are needed.			
Indicate any other comments about the child's eating or feeding patterns.			
Parent's Signature		Date:	
Physician or Medical Authority's Signature:		Date:	

Accommodating Children with Special Needs

Student: _____

DOB: __/__/__

School Year: _____

This student was seen by a Registered Dietitian on _____

Dx: _____

Diet Rx: _____

Food Group	Breakfast	Lunch
Meat (oz)		
Vegetables (cups)		
Fruits (cups)		
Breads/Grains (svgs)		

Addition comments:

R.D. Signature

Date

Physician Signature

Date