

Instructions for Special Dietary Needs Prescription Form

MCSD School Nutrition Program will make modifications and substitutions to the regular school meals for a student **with a disability that restricts their diet**. The MCSD Special Dietary Needs Prescription Form **must be completed and signed by a physician** for a student with a disability before the school cafeteria can provide any modifications or substitutions. The completed form must be provided to the School Nutrition Program, including the school cafeteria manager and the special needs dietitian. The school cafeteria staff will prepare the meal along with the other meals being served that day.

Follow these steps to ensure a student with a disability requiring special nutrition needs is served the proper diet in the school breakfast, lunch and snack programs:

1. Have the Special Dietary Prescription Form completely filled out. The prescription must be completed and signed by a licensed physician if the student has a disability.
2. **Regulations require that this documentation be on file for each student who receives a special meal.** This documentation must be on file in the school cafeteria and nurses office, and with the special needs dietitian.
3. Work with the cafeteria manager and the special needs dietitian to know what foods will be served at school.
4. The dietitian, school nurse, or other health professional may suggest that the special dietary needs be included in the Individual Education Plan (IEP) or the 504 Plan, as appropriate.

MCSD School Nutrition Program will try to accommodate special dietary needs or religious preferences for students without a disability. Such determinations are made on a case-by-case basis by the MCSD dietitians, and must be supported by the same Special Dietary Prescription Form signed by an authorized licensed medical authority.

For further information, including definitions of disability and of other special dietary needs, and school's responsibility, please visit USDA's Student Nutrition website at <http://www.fns.usda.gov/cnd/Guidance/>.

Special Dietary Needs Prescription Form

This form **must be fully completed and signed by a licensed physician** for a child with a disability, and by a recognized medical authority for a child with a medical/dietary need in order for a student to receive modifications or substitutions to the regular school meals.

Date: _____

Student Name: _____ Student Number: _____

Date of Birth: _____ Grade: _____ School: _____

Diagnosis (es): _____ ICD-9 code(s): _____

Parent/guardian: _____ Phone Number: _____

Describe the Student's: Disability Medical Condition

that requires the student to have a special diet **and** the major life activity affected by the student's disability or condition: _____

History of anaphylaxis reaction due to severe food allergy: Yes No

(If yes, please provide documentation)

Does your child use an EPI pen? Yes No

History of allergy testing to indicate food allergy: Yes No Date: _____

List Food(s) to be omitted from the diet **and** food(s) that may be substituted: _____

Registered Dietitian consulting with the patient:

Name: _____ Phone Number: _____

Physician's Signature: _____ Phone Number: _____

Physician's Name: _____ Fax Number: _____

Please complete and return as soon as possible.

To be completed by office: Clinic worker / RN contacted: Yes No _____

School manager contacted: Yes No _____ WinSnap updated: Yes No