

**Guidelines for Students with Special Diets**

If your child has been identified by a physician to require a specialty diet, changes can be made to your child's meals at no extra charge.

Children will be considered eligible based on the following:

- ☐ [Rehabilitation Act of 1973 and the Americans with Disabilities Act](#)
- ☐ [Individuals with Disabilities Education Act](#)

U.S. Department of Agriculture (USDA) regulations 7 CFR Part 15b require substitutions or modifications in school meals for children whose disabilities restrict their diets. School food authorities must provide modifications for children with disabilities on a case-by-case basis when requests are supported by a written statement from a state licensed medical practitioner. The licensed medical practitioner's statement must identify:

- an explanation of how the child's physical or mental impairment restricts the child's diet;
- the food(s) to be avoided; and
- the food or choice of foods that must be substituted.

**Student Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Student ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

**Medical Information**

This school/facility participates in a federally funded Child Nutrition Program and any meals, milk, and snacks served must meet program requirements. Reasonable meal accommodations must be made when the accommodation requested is due to a disability and supported by a physician's statement. Reasonable meal accommodations may be made for children without disabilities who may still have special dietary needs; a medical statement may be required. If you are requesting a meal accommodation or substitution, please ask your physician to complete and sign this form.

If you have any questions, please contact \_\_\_\_\_ (name) at \_\_\_\_\_ (phone).

**THIS SECTION MUST BE COMPLETED BY A LICENSED PHYSICIAN ONLY.**

Does the student have an identified disability, food allergy, or food intolerance requiring a special diet?

- ☐ **Severe Allergy:** Student has a food allergy that is severe or causes an anaphylactic reaction.
- ☐ **Mild Allergy:** Student has a food allergy that is less severe or does not cause an anaphylactic reaction.
- ☐ **Food Intolerance:** Student has a food intolerance that requires a modified diet.
- ☐ **Disability:** Student has a disability that requires a modified diet.
- ☐ Other: \_\_\_\_\_

