

## SPECIAL DIET FORM

**Important!** Select the applicable meal modification category from the three listed below. Then, carefully read and follow the procedures for that category. The school/agency will return incomplete Medical Statements to the parent/guardian. **It is recommended that you keep a copy of the completed form.** If you have any questions about this form, contact the school/agency.

**Definitions:** An 'agency' on USDA Child Nutrition Programs might be a school, child care center, adult day care center, child care home, sponsoring organization, or institution. A 'participant' on USDA Child Nutrition Programs would be a student, child, or adult (in a day care setting) who receives meals at an agency.

**Note to Parent/Guardian/Participant:** As stipulated in FNS Instruction 783, Rev. 2, Section V Cooperation: When implementing the guidelines of this instruction, food service personnel should work closely with the parent(s) / guardian(s) / participant or responsible family member(s) and with all other medical and community personnel who are responsible for the health, well-being and education of a participant with a disability that affects the diet to ensure that reasonable accommodations are made to allow the individual's participation in the meal service.

### 1. Special Diet Order due to a disability:



- A school/agency is required to provide a special diet prescribed by a licensed physician to accommodate a participant's disability. See the 'Definition of Disability' on the back of this form.
- Part B of this form must be completed by a licensed physician (MD or DO).
- Parts A and C of this form must also be completed before the school/agency can provide a special diet.
- The special diet required for a disability will continue until a licensed physician requests that the modification be changed or stopped.
- It is strongly recommended that a licensed physician annually update the special diet order.

### 2. Special Diet Request due to a food allergy, food intolerance or other medical condition that does not rise to the level of a disability:

- A school/agency has the option to provide a special diet requested by a recognized medical authority due to a food allergy, food intolerance or other medical condition that does not rise to the level of a disability.
- Part B of this form must be completed by a medical authority who is a licensed physician (MD or DO), physician's assistant (PA), Certified Nurse Practitioner (CNP), Certified Nurse Midwife (CNM), Registered Dietitian (RD), and Licensed Nutritionist (LN).
- For questions about recognized medical authorities, contact the school/agency.
- Parts A and C of this form must also be completed before the school/agency can provide a requested special diet (determined on a case by case basis).
- If provided, the requested special diet will continue until a recognized medical authority requests that the modification be changed or stopped.
- It is strongly recommended that a recognized medical authority annually update the special diet request.



### 3. Substitution for fluid cow's milk due to lactose intolerance, allergy, vegan diet, religious, ethical, or cultural reasons:



- A school/agency has the option to make a substitution for fluid cow's milk that is requested by a parent/guardian, but is not prescribed by a medical authority.
- Parts A and D on this form must be completed before the school/agency can make a substitution for fluid cow's milk.
- If a school/agency chooses to provide such a substitution, they will continue until a parent/guardian requests that the substitution be changed or stopped.

## 42 USC § 12102 – DEFINITION OF DISABILITY

### (1) Disability

The term “disability” means, with respect to an individual—

- (A) a physical or mental impairment that substantially limits one or more major life activities of such individual;
- (B) a record of such an impairment; or
- (C) being regarded as having such an impairment (as described in paragraph (3)).



### (2) Major life activities

#### (A) In general

For purposes of paragraph (1), major life activities include, but are not limited to: caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

#### (B) Major bodily functions

For purposes of paragraph (1), a major life activity also includes the operation of a major bodily function, including but not limited to: functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

### (3) Regarded as having such an impairment

For purposes of paragraph (1)(C):

- (A) An individual meets the requirement of “being regarded as having such an impairment” if the individual establishes that he or she has been subjected to an action prohibited under this chapter because of an actual or perceived physical or mental impairment whether or not the impairment limits or is perceived to limit a major life activity.
- (B) Paragraph (1)(C) shall not apply to impairments that are transitory and minor. A transitory impairment is an impairment with an actual or expected duration of 6 months or less.

## Definition of Recognized Medical Authority (per SDCL 36-2-2 and the Dietetics and Nutrition Practice Act, 36-10B)

The State of South Dakota recognizes the following as medical authorities in relation to non-required “**Special Diet Requests:**”

Medical Doctors (MD)  
Doctors of Osteopathy (DO)  
Physician Assistants (PA)  
Certified Nurse Practitioners (CNP)  
Certified Nurse Midwives (CNM)  
Registered Dietitians (RD)  
Licensed Nutritionists (LN)

## SPECIAL DIET FORM

\* Keep a copy of the completed form for your records.

**Part A – Participant, Parent/Guardian, and School/Agency Contact Information – To be completed by a parent/guardian or school/agency contact person –**

1. School/Agency Name	2. Site Name (if applicable)	3. School/Agency Telephone
4. Name of Participant		5. Date of Birth
6. Name of Parent or Guardian		7. Parent/Guardian Telephone

**Part B – Special Diet – To be completed by a medical authority as defined above.**

**7. Check One:**

- a. Participant has a **disability**.
- b. Participant has a food allergy/intolerance or other medical condition that does not rise to the level of a disability.

**8. Specify the disability, food allergy/intolerance, or medical condition requiring a special meal or accommodation (use extra pages if needed):**

**9. If participant has a disability (see definition on instructions page), provide a brief description of participant's major life activity (see list on instructions page) affected by the disability (e.g. allergy to peanuts affects ability to breathe):**

Check if not applicable

**10. Describe the TYPE OF SPECIAL DIET REQUIRED (e.g. low sodium, gluten-free, diabetic, etc.) Use extra pages if needed:**

Check if not applicable

**11. Modified Texture:**

- Not Applicable     Chopped
- Ground             Pureed

**12. Modified Thickness:**

- Not Applicable     Nectar
- Honey               Spoon or Pudding Thick

**13. Special Feeding Equipment (large handled spoon, sippy cup, etc.):**

Check if not applicable

**14. Foods to be omitted and substituted: (List specific foods to be omitted and suggested substitutions. You may sign and attach a sheet with additional information as needed.)**

Check if not applicable

**A. Foods To Be Omitted**

**B. Suggested Substitutions**

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**IMPORTANT:** For a participant who does not have a recognized disability, the only fluid milk substitutions allowed by USDA are: (1) lactose-free fluid cow's milk or (2) a non-dairy beverage with a nutrition profile equivalent to cow's milk as specified in federal regulations. Currently the only beverages meeting these specifications are certain brands of soy milk.

<b>15. Signature of Preparer</b>	<b>16. Printed Name</b>	<b>17. Telephone Number</b>	<b>18. Date</b>
<b>19. Signature of Medical Authority</b>	<b>20. Printed Name</b>	<b>21. Title</b>	

**Part C – Parent/Guardian Permission – To be completed by a parent/guardian**

I give permission for school/agency personnel responsible for implementing my child's special diet to discuss my child's special dietary accommodations with any appropriate school/agency staff and to follow the special diet for my child's school/agency meals. I also give permission for my child's medical authority to further clarify the special diet on this form if requested to do so by school/agency personnel.

<b>22. Parent/Guardian Signature:</b>	<b>23. Date:</b>
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**Part D – Request Substitution for Fluid Cow's Milk due to Lactose Intolerance, Allergy, Vegan Diet, Religious, Cultural, or Ethical Reasons – To be completed by parent/guardian.**

24. Instead of fluid cow's milk, please provide the individual named in Part A of this form with the following substitute (check ONE):

- Lactose-free cow's milk
- Non-dairy beverage with a nutrient profile equivalent to fluid cow's milk per federal regulations

<b>25. Parent/Guardian Signature:</b>	<b>26. Date:</b>
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As stated above, all protected bases do not apply to all programs, the **first six protected bases of race, color, national origin, age, disability and sex are the six protected bases for applicants and recipients of the Child Nutrition Programs.**