

Providing Meals to Children and Adults with Special Dietary Needs

Agencies participating in a federal Child Nutrition Programs (School Meals, Child and Adult Care Food Program, Special Milk, and Summer Food Service Program) are required to make reasonable accommodations for children and adults who have a disability that restricts their diet, including food allergies. The Americans with Disabilities Act defines *disability* as “a physical or mental impairment that substantially limits one or more major life activities” or bodily functions of an individual. This definition is intentionally broad and covers most physical and mental impairments, including temporary or episodic impairments.

Licensed Medical Authority’s Statement for Children with Disabilities

The Department of Agriculture (USDA) regulations require substitutions or modifications of meals for children and adults whose disabilities restrict their diets. Agencies participating in Child Nutrition Programs must provide modifications for children and adults, on a case-by-case basis, when requests are supported by a written statement from a State licensed medical authority. In Maryland this includes, but is not limited to, Physicians, Physician Assistants, Nurse Practitioners, Dentists, and Dietitians.

The written medical statement must include:

- An explanation of how the child or adult’s physical or mental impairment restricts their diet;
- An explanation of what must be done to accommodate the child or adult; and
- The food or foods to be omitted and recommended alternatives, if appropriate.

Other Special Dietary Needs

Special dietary requests, including those related to general health concerns, personal preferences, and moral or religious convictions, are not disabilities. In an effort to focus on children with medically necessary diet needs, only those students with a doctor’s order and severe needs will be listed on the food and nutrition services point of sale terminals in the cafeteria serving line.

Changes to meals that are made for non-disability reasons must meet meal pattern requirements in order to be claimed for reimbursement.

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USDA and MSDE are equal opportunity providers <http://www.marylandpublicschools.org>

Diet Modifications for Children with a Food Allergy or Other Disability*

Name of Child: _____ Student ID # _____
School Attending: _____

Include a brief description of the physical or mental impairment that requires a diet modification:

FOODS TO BE OMITTED and SUGGESTED SUBSTITUTIONS:

Please check the food group(s) to be omitted. List specific foods to be omitted and suggest substitutions. Use the back of this form or attach additional information as needed.

	<u>FOODS TO OMIT</u>	<u>SUGGESTED SUBSTITUTIONS</u>
<input type="checkbox"/> Milk/Dairy Products	_____	_____
<input type="checkbox"/> Eggs/Egg Products	_____	_____
<input type="checkbox"/> Wheat/Wheat Products	_____	_____
<input type="checkbox"/> Soy/Soy Products	_____	_____
<input type="checkbox"/> Peanuts	_____	_____
<input type="checkbox"/> Tree Nuts	_____	_____
<input type="checkbox"/> Fish	_____	_____
<input type="checkbox"/> Shellfish	_____	_____
<input type="checkbox"/> Other	_____	_____

TEXTURE REQUIRED: Regular Chopped Ground Pureed

Other detailed information regarding diet or feeding (attach additional information as needed):

I certify that the above named individual needs diet modifications as described above because of the specified food allergy or other disability*: _

Signature of Physician or State Licensed Medical Professional

Office Phone

Date

Printed Name of Physician or State Licensed Medical Professional

I understand that if medical needs change, it is my responsibility to notify the school/child care/adult day care provider and to submit an updated Diet Modification Form. I give my permission to share the information on this form with the individuals who take part in the care of the above named individual.

Participant/Parent/Guardian's Signature

Home Phone

Date

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