



Dear Parent/Guardian,

According to the National School Lunch Program Act, the Food & Nutrition Department is required to adhere to specific regulations to accommodate special diets for students enrolled in Eastern Carver County Schools.

School Food Authorities (SFAs) must make reasonable substitutions to meals on a case-by-case basis for children who are considered to have a disability that restricts their diet [7 CFR 210.10(m)]. According to the ADA Amendments Act, most physical and mental impairments will constitute a disability. SFAs are not required to accommodate special dietary requests that do not constitute a disability, including requests related to religious or moral convictions or personal preference.

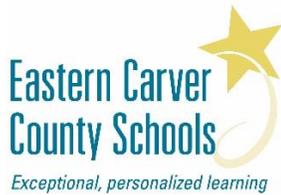
If you are requesting any special dietary accommodations for your child for the 2017-2018 school year, please take the enclosed forms to your licensed physician, physician assistant, or advanced practice registered nurse (e.g. certified nurse practitioner) to have them completed. These forms must be updated each school year and whenever the participant's diagnosis or special diet changes. Please make sure that your child's forms are sent back to our office no later than August 18, 2017 to ensure accommodations can be made for the beginning of the school year. We will contact you to set up a meeting to discuss your child's needs once our office receives any special requests.

If you have any questions, please contact me at 952-556-6153.

Respectfully,

Spencer Fischer, SNS  
Nutrition Services Assistant Manager

Eastern Carver County Schools | 11 Peavey Road, Chaska, MN 55318  
Direct: 952-556-6153 | Fax: 952-556-6159



Dear Licensed Medical Provider,

In recent years, we have seen increasing emphasis on the importance of ensuring that children with disabilities have the same opportunities as other children to receive an education and education related benefits, such as school meals. Subsequently, Congress has passed several comprehensive Acts or laws, which broaden and extend civil rights protections for Americans with disabilities. One effect of these laws has been an increase in the number of children with disabilities who are being educated in regular school programs. In some cases, the disability may prevent the child from eating meals prepared for the general school population.

USDA regulations, 7 CFR, Part 15b, require substitutions or modifications in school meals for children whose disabilities restrict their diets. A child with a disability must be provided food substitutions when a statement signed by a licensed medical physician, physician assistant, or advanced practice registered nurse such as a certified nurse practitioner supports that need. The medical provider's statement must identify:

- ✓ The child's disability
- ✓ The major life activities affected by the disability
- ✓ An explanation of why the disability restricts the child's diet
- ✓ The food(s) to be omitted from the child's diet, and the food or choice of foods that must be substituted

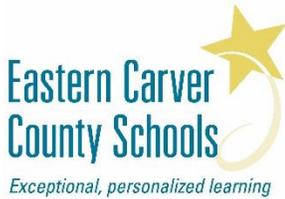
School Food Authorities (SFAs) must make reasonable substitutions to meals on a case-by-case basis for children who are considered to have a disability that restricts their diet [7 CFR 210.10(m)]. According to the ADA Amendments Act, most physical and mental impairments will constitute a disability. SFAs are not required to accommodate special dietary requests that do not constitute a disability, including requests related to religious or moral convictions or personal preference.

Upon the parent's request, enclosed is a blank special diet statement for you to complete for the following student currently enrolled in one of our schools. The statement must be completed in its entirety. Please contact me at 952.556.6153 if you have any questions.

Respectfully,

Spencer Fischer, SNS  
Nutrition Services Assistant Manager

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## Special Diet Statement

School Food Authorities (SFAs) must make reasonable substitutions to meals on a case-by-case basis for children who are considered to have a disability that restricts their diet [7 CFR 210.10(m)]. According to the ADA Amendments Act, most physical and mental impairments will constitute a disability.

SFAs are not required to accommodate special dietary requests that do not constitute a disability, including requests related to religious or moral convictions or personal preference. If these requests are accommodated, SFAs must ensure all USDA meal pattern and nutrient requirements are met.

**This form is to be completed by a licensed physician, physician assistant, or an advanced practice registered nurse, such as a certified nurse practitioner. Updates to this form are required annually and when a child's needs change.**

Note: Parents may provide a written request for lactose-reduced milk if their child is lactose intolerant without a physician's signature.

### Participant Information

Participant's Name: Last/First/Middle Initial	Today's Date	
Name of School/Center/Site Attended	Date of Birth	
Parent/Guardian Name	Home Phone Number	Work Phone Number

### REQUIRED Information: Dietary Accommodation

1. State the allergen or food to be avoided:
  
2. Brief explanation of how exposure to this food affects the child:
  
3. List specific foods to be omitted and substituted. Attach a sheet with additional instructions as needed.

Foods to be Omitted	Foods to be Substituted

### Additional Information

**Texture Modification:**      Pureed      Ground      Bite-Sized Pieces

Other (specify):

**Tube Feeding:**      Formula Name:      Administering Instructions:

Oral Feeding:      No      Yes      If yes, specify foods:

## Signature

Licensed physician, physician assistant, or advanced practice registered nurse such as a certified nurse practitioner must sign and retain a copy of this document.

Prescribing Authority Credentials (print):

Date:

Signature:

Clinic/Hospital:

Phone Number:

Fax Number:

## Voluntary Authorization

Note to Parent(s)/Guardian(s)/Participant: You may authorize the director of the school/center/site to clarify this Special Diet Statement with the physician by signing the following Voluntary Authorization section:

In accordance with the provisions of the Health Insurance Portability and Accountability Act (HIPPA) of 1996 and the Family Educational Rights and Privacy Act I hereby authorize **(physician/medical authority name)** to release such protected health information as is necessary for the specific purpose of Special Diet information to **(program name)** and I consent to allow the physician/medical authority to freely exchange the information listed on this form and in their records concerning me, with the program as necessary. I understand that I may refuse to sign this authorization without impact on the eligibility of my request for a special diet for me. I understand that permission to release this information may be rescinded at any time except when the information has already been released. Optional: My permission to release this information will expire on **(date)**. This information is to be released for the specific purpose of Special Diet information. The undersigned certifies that he/she is the parent, guardian, or authorized representative of the participant listed on this document and has the legal authority to sign on behalf of that participant.

Parent/Guardian:

Date:

OR Participant's Signature (Adult Day Care)

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter

addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) Mail:

U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;

(2) Fax: (202) 690-7442; or

(3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.