

Seminole I.S.D. Food Service

207 SW 6th Street
Seminole, TX 79360
Phone: (432) 758-3662

Medical Statement for Children with Special Dietary Needs Request Form

Each special dietary request must be supported by a statement that explains the food substitution that is requested. It must be signed by a recognized medical authority. In these cases, recognized medical authorities may include physicians, physician assistants, or advanced nurse practitioners.

The medical statement MUST include:

1. An identification of the medical or other special dietary condition that restricts the child's diet
2. The food or foods to be omitted from the child's diet
3. The food or choice of food to be substituted

In Case of Food Allergies

"Generally, children with food allergies or intolerances do **NOT** have a disability as defined under either Section 504 of the Rehabilitation Act or Part B of IDEA, Seminole I.S.D. Food Service may, **BUT IS NOT REQUIRED TO, make substitutions for them.** However, when a licensed physician's assessment of food allergies show that they may result in severe, life-threatening (anaphylactic) reactions, the child would meet the definition of a disability, and the substitution prescribed by the licensed physician must be made." (*Texas Department of Agriculture Administrator Reference Manual, November 2011. The complete manual can be found at <http://www.squaremeals.org>*).

To Request a Special Diet:

1. Obtain a Special Diet Order Application from the school nurse.
2. Fill out Part A and get a licensed physician, physician assistant or advanced nurse practitioner to complete Part B and sign.
3. Submit the completed form to the school nurse and it will be processed for approval and start date. Allow about 2 weeks for processing, and please know that it is the parent/guardian's responsibility to supply the student's food until the Special Diet Order is approved.
4. We will prepare our "special diets" to the best of our ability, but we are unable to guarantee total accuracy due to the limitations of the school food service system.
5. The meals will be prepared with foods allowed on the special diet, which are available to Seminole I.S.D. Food Service, and there is no guarantee to meeting the student's likes or dislikes.

I have read and understand the Special Diet Request Form and understand the guidelines.

Signature _____ Date _____

Printed Name _____

Relationship to Student _____

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