



Floresville ISD Annual Special Diet & medication Form

New
 Renewal
 Change/Modify
 Temporary (End Date: _____)

STUDENT INFORMATION

First Name: _____ Last Name: _____ Today's Date: _____
 Student ID Number: _____ Age: _____ Male / Female Date of Birth: ____/____/____
 School: _____ Grade: _____ Teacher: _____
 Parent/Guardian Name: _____ Phone/Email: _____

MEDICAL INFORMATION

Per the United States Department of Agriculture, a person with a yearly food disability is any such person who has an impairment that substantially limits one or more life activities. By definition this includes, but is not limited to, diabetes, PKU, celiac disease, food anaphylaxis, learning disabilities, etc.

THIS SECTION MUST BE COMPLETED BY A LICENSED PHYSICIAN ONLY

Patient diagnosis/Medical Condition: _____

Is patient diagnosis considered a disability? ____ YES ____ NO (PHYSICIAN INITIAL ONLY)

If yes, please describe major life activities affected in relation to dietary modifications: _____

Texture Modifications: Soft Minced Pureed Other (please specify): _____

Does patient have a life-threatening food allergy? ____ YES ____ NO (PHYSICIAN INITIAL ONLY)

Food Allergies:

Fluid Milk
 All Dairy Products
 Soy
 Eggs
 All Products with Eggs

Wheat
 Gluten
 Corn
 All Corn Additives

Peanuts All Nuts

Other (please specify): _____

Can patient consume allergen as an ingredient in food product? ____ YES ____ NO (PHYSICIAN INITIAL ONLY)

List Allergic Symptoms: _____

Administration of Medication at School for Treatment of Food Allergy Reactions

Allergic Symptom	Medication	Dosage & Route	Self-Carry
			<i>Self-carry/administration of medication requires an additional form to be filed with Health Services. This form requires the physician and parent's signatures.</i>

Physician's Name: _____ Phone: (____) _____ - _____

Physician's Signature: _____ Date: _____

This form must be renewed each school year. Any change of treatment must be requested in writing on this form.
 Once form is submitted, please allow up to 5 days for processing. Send completed form to campus nurse & food service office.
By signing below, I understand that it is my responsibility to renew this form before each school year and anytime my child's medical or health needs change.

Parent Signature: _____ Date: _____



Floresville ISD Annual Special Information & Procedures

Fax Completed Annual Special Diet Form to Campus Nurse

Food Service and Health Services have collaborated to devise a procedure and form for ordering special dietary modifications for students. This procedure was developed to ensure that students receive adequate nutrition and schools have the equipment and supplies necessary to meet their needs.

Rehabilitation Act of 1973 and the Americans with Disability Act

Under Section 504 of the *Rehabilitation Act of 1973*, and the *Americans with Disabilities Act (ADA) of 1990*, a “person with a disability” means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.

The term “*physical or mental impairment*” includes many diseases and conditions, a few of which may be orthopedic, visual, speech, and hearing impairments; cerebral palsy; epilepsy; muscular dystrophy; multiple sclerosis; cancer; heart disease; metabolic diseases such as diabetes or phenylketonuria (PKU); food anaphylaxis (severe food allergy); mental retardation; emotional illness; drug addiction and alcoholism; specific learning disabilities; HIV disease; and tuberculosis.

Major life activities covered by this definition include caring for one’s self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

When nutrition services are required under a child’s IEP, school officials need to make sure that child nutrition staff are involved early on in decisions regarding special meals. The Individualized Education Program (IEP) is the written document that contains the program of special education and related services to be provided to a child with a disability covered under the *Individuals with Disabilities Act (IDEA)*.

Physician’s Statement for Children with Disabilities

USDA regulations 7 CFR Part 15b require substitutions or modifications in school meals for children whose disabilities restrict their diets. When food allergies result in severe, life-threatening (anaphylactic) reactions, the child’s condition would meet the definition of “*disability*”. A child with a disability must be provided substitutions in foods when that need is supported by a statement signed by a licensed physician.

The physician’s statement must identify:

- The child’s disability;
- An explanation of why the disability restricts the child’s diet;
- The major life activity affected by the disability;
- The food(s) to be omitted from the child’s diet and the food or choice of foods that must be substituted;
- Specific substitutions needed must be specified in a statement signed by a licensed physician.

Menu Modifications for Children with Disabilities

Children with disabilities who require changes to the basic meal are required to provide documentation with accompanying instructions from a licensed physician. This is required to ensure that the modified meal is reimbursable, and to ensure that any meal modifications meet regulated nutrition standards which are medically appropriate for the child.

Serving the Special Dietary Needs of Children without Disabilities

Children without disabilities, but with special dietary needs requiring food substitutions or modifications, may request that the school food service meet their special nutrition needs.

While school food authorities are encouraged to consult with recognized medical authorities, where appropriate

Schools are not required to make modifications to meals based on food choices of a family or child regarding a healthful diet. This provision covers those children who have food intolerances or allergies but do not have life-threatening reactions (anaphylactic reactions) when exposed to the food(s) to which they are allergic.

At the beginning of school, the parent should notify the campus of any special dietary needs of their child. After identified, the Annual Special Diet & Medication Form will be provided. This form must be completed by the child’s physician. Completed forms will be forwarded to the FISD Food Services and the Campus Health Clinic.