

Accommodating Children with Special Dietary Needs in the School Nutrition Programs

Accommodating Students with Disabling Special Dietary Needs

Schools participating in a federal Child Nutrition Program (School Lunch, School Breakfast or After School Snack Program) are required to make accommodations for children who are unable to eat the school meals because of a disability* that restricts their diet. In order to make modifications or substitutions to the school meal, schools must have a written Medical Statement on file that is signed by a licensed physician. The 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
- The food or choice of foods that must be provided as the substitute

***Only a physician can declare if a student has a disability.**

Accommodating Students with Non-Disabling Special Dietary Needs

Schools may, at their discretion, make substitutions for students who have a special dietary need, but do not meet the definition of disability. Examples include food intolerances or allergies that do not cause life-threatening reactions. The decision to accommodate a student's special dietary need can be determined on a case-by-case basis, however, the school should remain consistent with accommodating special dietary needs. In order to make modifications or substitutions to the school meal, schools must have a written Medical Statement signed by a recognized medical authority identifying the following:

- An identification of the medical or other special dietary condition which restricts the child's diet
- The food or foods to be omitted from the child's diet
- The food or choice of foods to be substituted

In Pennsylvania, a recognized medical authority includes a physician, physician assistant, and nurse practitioner.

Milk Substitutions for Students with Non-Disabling Special Dietary Needs

For students with non-disabling special dietary needs which restrict their intake of fluid milk, the following applies.

- Parents/guardians or a recognized medical authority (physician, physician assistant, or nurse practitioner) may request a fluid milk substitute for a student with a non-disabling medical dietary need, such as milk intolerance, or due to cultural, religious or ethnic beliefs. The request must be made in writing.
- The written request from a parent/guardian or medical authority must identify the student's medical or special dietary need that prevents them from consuming cow's milk. Specifically referring to milk substitutions, a "special dietary need" can refer to cultural, ethnic, or religious needs, as well as medical needs.
- Nondairy beverages offered as a fluid milk substitute must meet the established nutrient standards, as indicated in Question 20 in USDA memo SP07-2010, available on PEARS Form Download, under Feeding Students with Disabilities and Special Dietary Needs Section.
- Juice and water cannot be substituted for fluid milk as part of the reimbursable meal even when requested by a physician. When fruit juice is merchandised as an option for a fruit/vegetable component, it can contribute up to 3/8 cup of the fruit/vegetable component. It cannot be offered in place of milk and it must be available to all students as an option.

Responsibility of Parents

- Notify the school of any food allergy, disability or special dietary need.
- Provide Medical Statement completed by a physician (disability), a recognized medical authority (non-disabling special dietary need), or the parent (non-disabling special dietary needs for milk only).
- Participate in any meetings or discussions regarding the student's meal plan. Maintain a healthy line of communication with the school.
- Notify the school of any changes relating to the special dietary need (a new Medical Statement is required if the diet changes).

**Medical Statement for Students with Special Dietary Needs In Child
Nutrition Programs**

Student's Name: _____ **Age:** _____

School Name: _____ **Grade Level:** _____ **Classroom:** _____

Please check one box below:

Does the student have a disability that requires the student to have a special diet or feeding equipment/utensils?

Yes

If Yes, describe the disability and the major life activity affected by the disability. The form must be signed by a physician. Return it to the school when completed.

Describe the disability/diagnosis: _____

If the student is NOT disabled, does he/she have a medically certified special dietary need?

Yes

If Yes, the form must be signed by a physician, physician assistant or nurse practitioner. Return it to the school when completed.

Diet Prescription: (use back of form if more space is needed)

List Food Allergies/Intolerances (list specific food(s) to be omitted): _____

List Allowable Food Substitutions: _____

Indicate any texture modifications and which foods need to be modified:

Chopped/Cut up: _____

Ground: _____

Pureed: _____

Liquid Modifications: Honey / Nectar / Other (specify) _____

List special equipment/utensils needed:

Additional comments about the student's eating patterns or dietary modifications:

Physician's or Medical Authority's Signature: _____ **Date:** _____