

## Letter to Parent/Guardian Explaining Requirements for School Meal Modification Requests

August, 2013

Dear Parent/Guardian:

Your child's school:

1. Will make meal modifications prescribed by a licensed physician to accommodate a disability.
2. Will/will try to make meal modifications prescribed by a medical authority due to a food allergy/intolerance or other medical condition that does not rise to the level of a disability.
3. Will make substitutions for fluid cow's milk due to a food allergy/intolerance or for other reasons.

The *Medical Statement for Disability- School Meal Modification APS* and *Medical Statement to Request School Meal Modification APS* forms are attached to this letter. On the front of each form there are further instructions and information about the meal modifications that can be requested under federal regulations, and the procedures that apply to either an allergy that rises to the level of a disability APS or an allergy/intolerance that does not rise to the level of a disability APS. Please read this information carefully before completing the appropriate form.

Only the types of meal modifications explained in the first paragraph of this letter are applicable to your child's school.

To ensure the requested meal modifications can be made as soon as possible, return the completed medical statement to your school nurse or health para.

If you are submitting a request for meal modification at a time other than the beginning of the school year, it will take approximately 14 school days from the time the request is received until it can be implemented.

**IMPORTANT:** For a student who does not have a recognized disability, we will be offering as a milk substitution Kikkoman Pearl Vanilla Soy Milk, which will be served in 8oz cups.

If you have questions or need assistance, please call Connie Fenton at 303-343-0295.

Sincerely,

Connie Fenton, M. E.D.

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# Medical Statement to Request Site Meal Modification

**Important!** Select the applicable meal modification category from the two listed below by checking the appropriate box. Then carefully read and follow the procedures for that category. The site will return incomplete Medical Statements to the parent/guardian. If you have questions about this form, the site contact named in Part A below will assist you.

1. **Modification due to a food allergy/intolerance, or other medical condition that does not rise to the level of a disability:**
- A site has the option to make meal modifications prescribed by a medical authority due to a food allergy/intolerance or other medical condition that does not rise to the level of a disability. See the definition of disability on the bottom of this form.
  - ~~Part B of this form must be completed by a medical authority who is a licensed physician (MD or DO), physician's assistant (PA), or advanced practice nurse (APN).~~
  - Parts A and C of this form must also be completed before the site can make meal modifications.
  - If a site chooses to make the meal modifications, they will continue until a medical authority requests that the modifications be changed or stopped on Form SD-3, which is available from the site.
  - It is strongly recommended that a medical authority annually update the prescribed diet order.
2. **Substitution for fluid cow's milk due to lactose intolerance, allergy, religious, ethical or cultural reasons:**
- A site has the option to make a substitution for fluid cow's milk that is requested by a parent/guardian, but that is not prescribed by a medical authority.
  - Parts A and D of this form must be completed before the site can make a substitution for fluid cow's milk.
  - If a site chooses to provide such a substitution, they will continue until a parent/guardian requests that the substitution be changed or stopped on Form SD-3, which is available from the site.

<b>Part A. Student, Parent/Guardian &amp; Site Contact Information</b> – To be completed by a parent/guardian or site contact person		
1. Student's Name:	2. Date of Birth:	3. Site:
4. Parent/Guardian's Name:	5. Parent/Guardian's Phone:	
6. Site Contact's Name:	7. Site Contact's Phone:	
<b>Part B. Prescribed Diet Order</b> – This part must be completed by a medical authority as specified above.		
1. Check:		
<input type="checkbox"/> Food allergy/intolerance or other medical condition that does not rise to the level of a disability.		
2. Specify the food allergy/intolerance or medical condition related to the prescribed diet order.		
3. Foods to be Omitted and Substituted:		
List specific foods to be omitted and substituted. If more space is needed, sign and attach additional sheet of paper.		
IMPORTANT: For a student who does <u>not</u> have a recognized disability, the only fluid cow's milk substitutions allowed by USDA are: (1) lactose-free fluid cow's milk or a (2) non-dairy beverage with a nutrient profile equivalent to fluid cow's milk as specified in federal regulations. Currently the only beverages meeting these specifications are certain brands of soymilk.		
Omit Foods Listed Below:	Substitute Foods Listed Below:	



4. Medical Authority's Information		
Signature:	Title:	
Printed Name:	Phone:	Date:

**Part C. Parent/Guardian Permission – To be completed by a parent/guardian**

I give permission for site personnel to follow the prescribed diet order for my child's site meals. I also give permission for my child's medical authority to further clarify the prescribed diet order on this form if requested to do so by site personnel.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part D. Request Substitution for Fluid Cow's Milk due to Lactose Intolerance, Allergy, Vegan Diet, Religious, Cultural or Ethical Reasons – To be completed by a parent/guardian**

Instead of fluid cow's milk, please provide the student named in Part A. of this form with the following substitute (Check ONE):

- Lactose-free cow's milk (1% or skim)     Non-dairy beverage nutritionally equivalent to fluid cow's milk per federal regulations

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Definition of Disability:**

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

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. The term "physical or mental impairment" includes, but is not limited to, such diseases and conditions as:

- 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

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