

Statement for Special Diet Prescription - VDH

The following child is a participant in one of the United States Department of Agriculture (USDA) programs: National School Lunch Program, School Breakfast Program, After-school Snack Program, Summer Food Service Program or the Child and Adult Care Food Program. USDA regulations 7CFR Part 15B requires substitution or modifications in school/program meals for children whose disabilities restrict their diets. A child with a disability must be supplied substitutions in foods when that need is supported by a statement signed by a licensed physician. Food allergies which may result in severe, life-threatening (anaphylactic) reaction, also meet the definition of "disability", and the substitutions prescribed by the licensed physician/medical authority would be made. The statement must include the following:

Part 1: To be completed by Parent/Guardian

Child's Name	
Name of School/Center/Program:	
Parent's/Guardian's Name	
()	()
Home Phone	Work Phone
Address	
City, ST ZIP Code	

Date of Birth	M	F
Grade Level/Classroom:		
<p>In accordance with the provisions of the Health Insurance Portability and Accountability Act of 1996 and the Family Educational Rights and Privacy Act I hereby authorize [Insert name of physician/medical authority] to release such protected health information of my child as is necessary for the specific purpose of Special Diet information to [Insert School/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 my child, with the school 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 my child. I understand that permission to release this information may be rescinded at any time except when the information has already been released. My permission to release this information will expire on [insert date].</p> <p>This information is to be released for the specific purpose of Special Diet information.</p> <p>The undersigned certifies that he/she is the parent; guardian or representative of the person listed on this document and has the legal authority to sign on behalf of that person.</p> <p>Parent/Guardian Signature: _____</p> <p>Date: _____</p>		

Part 2: To be completed by Physician/Medical Authority

<p>Does the child have a disability? Yes _____ No _____</p> <p>If Yes, please describe the major life activities affected by the disability.</p>	<p>Does the child have special nutritional or feeding needs? Yes _____ No _____</p> <p>If Yes, please complete Part 3 of this form and have it signed and stamped with the office name and address by a licensed physician/medical authority.</p>
<p>If the child is not disabled, does the child have special nutritional or feeding needs? Yes _____ No _____</p> <p>If Yes, please complete Part 3 of this form and have it signed and stamped with the office name and address by a licensed physician/medical authority.</p>	<p>Does the child require emergency medication be administered? Yes _____ No _____</p> <p>If yes, please list medication(s) and describe situation/reactions that would necessitate administering.</p>

Part 3: To be completed by Physician/Medical Authority

List any dietary restrictions or special diet:
List any food allergies or food intolerances:

List foods to be substituted (mandatory):	
List foods that need the following change in texture. If all foods need to be prepared in this manner, indicate "All". Cut up/chopped into bite sized pieces: Finely Ground: Pureed:	
List any special equipment or utensils needed:	
Indicate any other comments about the child's eating or feeding patterns:	
Physician's Name and Office Phone Number:	Office Stamp
Physician's/Medical Authority Signature	Date
Part 4: Parent Signature	
Parent's/Guardian's Signature	Date
Part 5: Program Signature	
School/Program Official Signature	Date

*Please have parent/guardian review form annually and initial/date if no changes are required. Any changes require submission of a new form signed by the Physician/Medical Authority.

**MEDCOM Dietician approved food substitutions on this sheet.

Food Allergy	Essential Food Component Missing	**Food Substitutions
Apple Juice	Vitamin C, dietary fiber	100% orange, grape, grapefruit juices; no juice blends
Beef	Protein	Pork, chicken, turkey, seafood, nuts, seeds, beans, legumes, cheese, yogurt, soy based "meat" selections
Chicken/Turkey	Protein	Beef, port, seafood, nuts, seeds, beans, legumes, cheese, yogurt, soy based "meat" selections
Dairy Product	Calcium	Soy products (cheese, yogurt)
Eggs	Protein	Cheese
Milk (Lactose Intolerant)	Calcium	Soy/Rice Milk and products/Lactose Free Milk
MSG	N/A	Garlic salt/powder, onion salt/powder, Lawry's seasoned salt, all other single spices
Orange Juice	Vitamin C, dietary fiber, folic acid, potassium	100% apple, grape, grapefruit juices; no juice blends
Oatmeal	Dietary fiber, folic acid, carbohydrates	Corn, potato, soy, wheat and rice flours and arrowroot starch, cereal: corn flakes, rice crispies
Peanuts/Peanut Butter/Nuts	Protein, vitamin E, niacin, folic acid	Beans, legumes, soy nut butter, cheese
Pork	Protein	Beef, chicken, turkey, seafood, nuts, seeds, beans, legumes, cheese, yogurt, tofu, soybeans, soy based "meat" selections
Seafood	Protein	Beef, chicken, turkey, nuts, seeds, beans, legumes, cheese, yogurt, soy based "meat" selections
Soy Products	Protein	Beef, chicken, turkey, seafood, nuts, seeds, beans, legumes, cheese, yogurt, pork
Strawberries	Vitamin C, potassium, dietary fiber	Apples, oranges, pears, peaches, plums, melons
Tomatoes	Vitamin C	Apples, oranges, pears, peaches, plums, melons
Tomato Products	Vitamin C	Apples, oranges, pears, peaches, plums, melons
Wheat	Carbohydrates, folic acid, dietary fiber	Corn, potato, oat, soy and rice flours and cereal made from these items and arrowroot starch

Form Updated 10 Apr 09