

Dear Parent/Guardian,

The safety and well-being of our students is our top priority. If your student has a food allergy or dietary restriction that requires a meal accommodation at school, we must have the proper documentation on file.

Please follow the steps below:

- 1. Have your student's doctor complete the **Special Meal Accommodation Form**.
- 2. Return the completed form to:

Kayla Alldredge

Child Nutrition Office

Email: kayla.alldredge@washk12.org

Once the form is received and reviewed, you will receive a letter notifying you whether the requested accommodation has been **approved**.

Thank you for helping us ensure your student's meals are safe and appropriate. If you have any questions, please feel free to contact the Child Nutrition Office.

Sincerely,

Child Nutrition Department

Please return the completed form to Kayla Alldredge, Washington County School District – Child Nutrition Services.

Medical Statement to Request Special Meals, Accommodations, Milk Substitutions

1. Site Name (School/Sponsor):	2. Name of Pare	ent/Guardian	3. Email Address	
4. Name of Child *	5. Date of Birth		6. Telephone Number	
7. State the medical condition requiring accommod	ation.			
This section <u>must be completed by a licensed medic</u>	al authority. Refe	er to the reverse side of th	his page for definitions.	
8. Provide a brief description of the major life acti	vities or bodily f	unctions affected by the	condition. *	
Consuming foods to be omitted may result in: ☐ Nausea ☐ Vomiting ☐ Diarrhea ☐ Itcl ☐ Other:	hing □Swelling	□ Rash □ Wheezin	g/Coughing	
9. Describe diet prescription and/or accommodati	on. Must include	e specific foods to be exc	luded and substituted. *	
Foods and/or beverages to be exclude	d: *	Foods and/or	beverages to be substitute	ed: *
10. Modified texture (if applicable): ☐ Chopped	☐ Ground ☐	Puree		
11. Adaptive Equipment Needed (if applicable):				
12. Signature of Medical Authority & Credentials*	13. Printed Nan	ne*	14. Telephone Number	15. Date*
I give permission for the institution's personnel resp special dietary accommodations with any appropria I also give permission for my child's medical authori by institution personnel.	te institution sta	ff and to follow the preso	cribed diet order for my chi	ld's meals.
Signature of parent or guardian:			Date:	

* Required

Child Nutrition Programs

Revised 10/2024

Medical Statement to Request Special Meals, Accommodations, Milk Substitutions

A licensed medical authority is defined as an individual who has the authority to write a medical prescription. In Utah, this includes:

- Medical Doctor (MD)
- Physician's Assistant (PA)
- Osteopathic Physicians (DO)
- Advance Practice Registered Nurses (APRN)
- Naturopathic Physicians (ND or NMD)
- Registered Dietitians (RD or RDN)
- For programs operating in Bureau of Indian Education schools, the Indian Health Service requires that prescribing practitioners have Drug Enforcement Administration licenses.

USDA Guidelines for Accommodating Special Dietary Needs

Institutions and agencies participating in federal nutrition programs <u>must</u> comply with requests for special dietary meals and any adaptive equipment with a documented disability and completed request form.

Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) a person with a disability is defined as:

Any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment.

Major Life Activities- functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

Major Bodily Functions- functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, and reproductive functions

Physical or Mental Impairment- (a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive, digestive, genitor-urinary; hemic and lymphatic; skin; and endocrine; or (b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

Record of Impairment- having a history of or have been classified (or misclassified) as having a mental or physical impairment that substantially limits one or more major life activities. Individuals who take mitigating measures to improve or control any of the conditions recognized as a disability, are still considered to have a disability and require an accommodation.

*** Please Note ***

This form will stay with your student throughout their time in Washington County School District.

You'll only need to update it if any information changes.

Thank you for helping us keep your student's records up to date!

Utah State Board of Education

Child Nutrition Programs

Revised 10/2024

Medical Authority Checklist: Foods to Exclude and Substitute

Child Name:	Date:			
	"Medical Statement to Request Special Meals" form to allow substitutions for children with special dietary needs.			
	Dairy			
Foods to Exclude: All foods containing milk* Baked goods made with milk Fluid Milk Buttermilk Butter Cheese Cream/Ice Cream Yogurt Other (specify): *Ingredients that contain milk include: Artificial butter or chephosphate, Lactose, lactoglobulin, lactoferrin, lactulose, Renne	Allowable substitutes: Lactose-free milk Plant-based milk alternates (e.g. soy, almond, and rice milk) Other (specify): eese flavor, Casein or caseinates, Curd, Ghee, Hydrolysates, Lactalbumin, lactalbumin et. Whey or whey products.			
	Eggs			
Foods to Exclude: All foods containing eggs* Eggs Other (specify): *Ingredients that contain egg include: Albumin (also spelle Mayonnaise, Meringue (meringue powder), Ovalbumin, Su	Foods to substitute: d albumen), Egg (dried, powdered, solids, white, yolk), Eggnog, Lysozyme, irimi			
	Grains			
Foods to Exclude: ☐ All foods containing wheat* ☐ All foods containing gluten ☐ Rye ☐ Barley ☐ Other (specify):	Allowable substitutes: ☐ Rice ☐ Corn products ☐ Quinoa ☐ Oats ☐ Other (specify):			

*Ingredients that contain wheat include: Bread crumbs, Bulgur, Cereal extract, Club wheat, Couscous, Cracker meal, Durum, Einkorn, Emmer, Farina, Flour (all purpose, bread, cake, durum, enriched, graham, high gluten, high protein, instant, pastry, self-rising, soft wheat, steel ground, stone ground, whole wheat), Hydrolyzed wheat protein, Kamut®, Matzoh, matzoh meal (also spelled as matzo, matzah, or matza), Pasta, Seitan, Semolina, Soy sauce (may contain wheat, not all varieties), Spelt, Sprouted wheat, Triticale, Vital wheat gluten, Wheat (bran, durum, germ, gluten, grass, malt, sprouts, starch), Wheat bran hydrolysate, Wheat germ oil, Wheat grass, Wheat protein isolate, Whole wheat berries.

Foods to Exclude: ☐ Beef		
□ Beef	Allowable substitutes:	
	☐ Tofu	
□ Pork	☐ Eggs	
☐ Poultry	☐ Dairy	
☐ Lamb/Mutton	☐ Nuts/nut butters	
☐ Other (specify):	☐ Beans	
	☐ Other (specify):	
	Nuts	
Foods to Exclude:	Allowable substitutes:	
☐ Peanuts & Peanut Butter	☐ Soy Butter	
☐ Peanut Oil	☐ Sunflower Seed Butter	-
☐ All Tree Nuts* & Nut Butters	☐ Almond Butter	
☐ Other (specify):	☐ Other (specify):	
Macadamia nut, Nangai nut, Pecan, Pine nut, Pistachio, Shea nut, V	Seafood	
Foods to Exclude:	Foods to substitute:	
☐ Crustaceans (crab, shrimp, lobster)		
☐ Mollusks (clam, mussel, oyster, scallop)		
☐ Finned Fish*		
☐ Caesar Dressing		
☐ Imitation fish/crab		
☐ Imitation fish/crab ☐ Other (specify):		
	er, Haddock, Hake, Halibut, Herring, Mahi ma	hi, Perch, Pike, Pollock, Salmon,
☐ Other (specify): *Finned Fish include: Anchovy, Bass, Catfish, Cod, Flounder, Group	er, Haddock, Hake, Halibut, Herring, Mahi ma Other	hi, Perch, Pike, Pollock, Salmon,