



## **STUDENTS WITH A SPECIAL MEDICAL OR DIETARY NEED**

In providing food service to its students, Bear Creek Community Charter School shall not discriminate on the basis of disability.

Bear Creek Community Charter School shall make substitutions in foods for students who are considered disabled under 7 CFR Part 15b and whose disability restricts their diet. Bear Creek Community Charter School may also make substitutions for students without a disability who are unable to consume the regular lunch because of medical or other special dietary needs. Substitutions shall be made on a case by case basis only when supported by a statement of the need for substitutions that includes recommended alternate foods. Such statements shall, in the case of a student with a disability, be signed by a physician, or in the case of a student without a disability, by a recognized medical authority.

The following procedure will be followed when accommodating a student with a special medical or dietary need:

1. The parent or guardian of the student will provide the School Nurse with a written statement (sample form included) signed by a physician that includes the following:
  - The food items the student may not consume;
  - Recommended substitutions for which the student is permitted to consume;
  - Instructions relating to specific portion sizes;
  - The date on which the dietary substitution should begin;
  - The date on which the dietary substitution shall end, if applicable.
2. The School Nurse will meet with the school's Food Service Coordinator to discuss and review the dietary modification and agree upon a plan to accommodate the student's dietary need. The plan will be documented in writing, and a copy maintained by both the School Nurse and Food Service Coordinator.
3. The Food Service Coordinator will ensure the student receives the property dietary accommodation in the lunch line, as required.
4. A special notification will be added to the Nutrikids point-of-sale system reminding the cashier to review the student's lunch tray as an added measure, to be sure the appropriate meal is being served.
5. The student's parent or guardian will immediately notify the School Nurse when any changes are required to accommodate the student's dietary needs, or when the student no longer requires special accommodations. The School Nurse will conduct the necessary follow-up with the school's Food Service Coordinator.

Bear Creek Community Charter School shall serve special meals, at no extra charge, to students whose disability restricts their diet.

Generally, children with food allergies or intolerances are not disabled as defined in 7 CFR Subtitle A, Section 15b.3. However, it is possible that such food allergies or intolerances will limit a major life activity. When faced with a request for special meals for such children, Bear Creek Community Charter School shall abide by the determination of the physician.

It is beyond the scope of school food service personnel to change, substitute or modify the diet order. If the child's diet prescription is not detailed enough to be interpreted clearly, then the parent will be notified to obtain more detailed dietary instructions from the child's physician.

**Medical Statement For Children  
With Special Needs In Child Nutrition Programs**

**Student's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**School Name:** \_\_\_\_\_ **Grade Level:** \_\_\_\_\_ **Classroom:** \_\_\_\_\_

**Does the student have a disability that requires the student to have a special diet or feeding equipment/utensils?**  **No**  
 **Yes** If Yes, describe the disability and the major life activity affected by the disability, complete this form, and have it signed by the student's physician. Return it to the school when completed.

Describe the disability/diagnosis: \_\_\_\_\_  
\_\_\_\_\_

**If the student is NOT disabled, does he/she follow a special dietary modification or require assistance in eating?**  
 **No**  **Yes**

Describe the dietary modification or assistance required: \_\_\_\_\_  
\_\_\_\_\_

Diet Prescription: \_\_\_\_\_  
\_\_\_\_\_

List Food Allergies/Intolerances: \_\_\_\_\_  
\_\_\_\_\_

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:

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

Physician's or Medical Authority's Signature: \_\_\_\_\_ Date: \_\_\_\_\_