

**South Carolina**  
**School Food Service Program Reference Manual**  
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**Chapter 21 – Students with Special Dietary Needs**

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## Chapter 21 – Student with Special Dietary Needs

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### School Food Authority's Responsibility for Special Diets

Regulations issued by the U.S. Department of Agriculture (USDA) for Child Nutrition Programs (CNPs):

- **Require** substitutions to the standard meal requirements for students who are considered disabled and whose disability restricts their diets. Altered meals (i.e. meals with omissions, substitutions and/or alterations such as texture modifications as prescribed by a licensed physician) are reimbursable.
- **Permit** substitutions for other students who are not disabled but who are unable to consume regular program meals because of medical or other special dietary needs.
  - Meals altered due to allergies or intolerances, if prescribed by a recognized medical authority, are reimbursable.
  - Meals altered for any reason other than disability, allergy or intolerance (e.g. ethnic preferences or religious reasons) and those not documented by a recognized medical authority, are only reimbursable if they meet meal pattern requirements.

### Meal Substitutions for Students with Disabilities

Regulatory provisions requiring substitutions for disabled CNP participants address the requirements of:

- Section 504 of the Rehabilitation Act of 1973;
- 7 CFR Part 15b.3, which provide that no otherwise qualified disabled individuals shall, solely on the basis of disability, be excluded from participating in, be denied benefit of, or be subjected to discrimination under any program or activity receiving federal financial assistance;
- Individuals with Disabilities Education Act (IDEA); and
- The Americans with Disabilities Act (ADA).

School Food Authorities (SFAs) are required to offer program meals to students with disabilities whenever program meals are offered to the general populations served by the programs. SFAs should be aware that the Individual with Disabilities Education Act (IDEA) imposed requirements on states that may affect the service of meals even when such service is not required by the CNP.

For example, the Individualized Education Program (IEP) developed for a child under IDEA may require a meal to be served outside of the regular meal schedule. While the school may not claim these meals for reimbursement, it may use the same funds, food service facilities and/or food service Management Company to provide these meals as it uses to provide program meals.

## **Substitutions in Special Milk and Afterschool Snack Program**

Q-1 *Are substitutions for disabilities required for the Special Milk Program (SMP) and the Afterschool Snack Program (ASP)?*

A There are no reimbursable substitutions allowed in the SMP. For the ASP, substitutions are allowed using the same guidance as for the lunch program.

### **Definition of “Disabled”**

“Disabled person” 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 impairment.” “Major life activities” are defined as “functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.” See Form 21-E or Form 21-F for a complete list of covered conditions.

SFAs are required to make substitutions or modifications to the meal requirements for those students with disabilities who are unable to consume the meals offered to non-disabled students.

## **Disabled Students Without Special Dietary Needs**

Q-2 *Do all children with disabilities have special dietary needs?*

A No. Many children with disabilities have no special dietary needs. They can eat the same meals as other children participating in the Child Nutrition Programs.

### **Accessibility for Disabled Students**

Where existing food service facilities are not completely accessible and usable to the disabled student, assistance should be provided. The SFA is responsible for the accessibility of food service sites and to provide aides where needed. SFAs must provide food services in the most integrated setting appropriate to the needs of all students. The SFA must ensure that students with disabilities participate with students who are not disabled to the maximum extent appropriate to the needs of the disabled persons.

As with additional costs of substituted foods, any additional costs for adaptive feeding equipment or for aides are considered allowable costs; although no additional CNP reimbursement is available. Sources of supplemental funding may include special education funds (if specified in the student’s IEP or 504 plan), the SFA’s general account, or the nonprofit school food service account. Potential funding sources are IDEA; Medicaid; Early and Periodic Screening, Diagnostic and Treatment Program; Supplemental Security Income; Medicare; Maternal and Child Health Services Block Grants; and Community Sources.

## Helping Disabled Students Eat

Q-3 *After the special meal has been provided, who is responsible for assisting with feeding if the child cannot feed himself/herself?*

A Providing assistance with feeding is the school's responsibility. It is not the responsibility of the food service manager. Many schools and institutions will already have aides available to provide this service as part of the child's total care plan.

### Cooperation

When implementing these guidelines, food service personnel should work closely with the parent(s) or guardian(s) and with all other school, child care, medical, and community personnel who are responsible for the health, well-being and education of students with disabilities or other special dietary needs.

Parents and guardians are encouraged to take some of the responsibility by participating in the planning of special meals for their child. Their involvement should be based on food substitutions recommended by the child's physician, availability of the special foods and the reasonableness of the preparation.

### Documentation of Disability

Use of the following forms to notify households to provide diet instructions for a student with a disability is recommended. Annual updates to diet instructions are also recommended but not required.

- Initial Letter to Parent/Guardian explaining Requirements for Special Diet Instructions (Form 21-A),  
OR
- Letter to Parent/Guardian Requesting Update of Special Diet Instructions (Form 21-C)

The SFA should also provide parents or guardians with:

- Letter to Physician/Medical Authority Requesting Instructions for Meal Substitutions for Disabilities, Allergies or Intolerances (Form 21-D)  
AND
- Medical Statement for Student Requiring Special Meals Due to Disability (Form 21-F)

A licensed physician determines whether a student has a disability that restricts his or her diet on an individual basis. The physician's medical statement of the student's disability must be based on the regulatory criteria for disability/handicap and contain a finding that the disability restricts the student's diet. These forms provide information to enable the physician to correctly assess whether an individual's disability meets the regulatory criteria.

In cases where SFA staff has consulted with the physician issuing the statement and it is still unclear whether the student meets the definition of "disabled," the SFA may consult the South Carolina Department of Education (SCDE), Office of Nutrition Programs for guidance at (803) 734-8188.

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The medical statement (i.e. Form 21-F) should be updated whenever the doctor changes the student's diet and preferably at the beginning of each school year. Diet modifications should not be made by the SFA unless the statement with the required information is on file. Current statements must be maintained. All medical documentation is considered confidential patient information under federal health regulations and should not be disclosed or otherwise shared unless there is a legitimate need to do so.

Guidelines for special diets must be completely and clearly written because few SFAs have staff trained in special diet management. Certain situations may require the services of a registered dietitian to assist in implementing the medical statement for some therapeutic diets.

Generally students who are obese or have food allergies or intolerances do not have a disability/handicap. SFAs are not required to make substitutions for them. Those types of requests for special diets are discussed later in this chapter. However, if a physician determines that food allergies result in severe life-threatening reactions (anaphylactic reactions – a sudden inability to breathe), or the obesity is severe enough to substantially limit a major life activity, the health condition meets the definition of disability/handicap and the food service personnel must make the substitutions prescribed by the physician.

### Types of Disabilities

Q-4 *What types of disabilities may call for meal modifications?*

A Cerebral Palsy, Cystic Fibrosis, Down's syndrome and Spina Bifida are among the disabilities that may require changes in food texture or caloric modifications. Diabetes may require control of calories and/or carbohydrates. Children with disabilities who have difficulty chewing and swallowing may need the physical characteristics of their foods changed. Menus may need modification to include softer foods; for example, cooked rather than raw carrots. Some foods may need to be chopped, ground or blended. See Form 21-E or Form 21-F for a complete list of disabilities.

### Requirements of Medical Statement from Physician

On a case-by-case basis, a student with disabilities shall be provided substitutions in foods **only** when supported by a statement signed by a physician licensed by the state. The supporting statement shall identify:

- The individual's disabling condition and an indication of how the disability restricts the student's diet.
- The major life activity affected by the condition.
- The food or foods to be omitted from the child's diet and the food choice or choice of foods that must be substituted.
- Time frame of meal modification (if applicable).

For example, if the disability would require caloric modifications or the substitution of a liquid nutritive formula, this information must be included in the statement. If the disabled student requires only textural modification(s) to the regular meals, this information must be included in the statement. The purpose of the statement is to assist the SFA in providing the appropriate textural modification(s). Unless otherwise specified by the physician, the meals modified for texture will consist only of food items and quantities specified in the regular menus.

## Chapter 21 – Student with Special Dietary Needs

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When the food service personnel receive the letter from the physician listing foods that are to be omitted and foods that are to be substituted, they are required to:

- Abide by the determination of the physician.
- Make a reasonable effort to comply with diet modification.
- Input diet modification in Point-of-Sale (POS) system per physician's medical statement.
- Make dietary substitutions only as directed by the physician's written instructions.

### **Providing Special Meals at a Parent's Request**

Q-5 *May a SFA provide a special diet at a parent's request without a letter from the recognized medical authority or physician?*

A The SFA should not serve modified menus to students with disabilities without a letter from a physician. Note that instructions from a recognized medical authority are always preferred and SFAs have the right to require them.

### **Meal Substitutions for Students with Food Allergies or Intolerances**

The SFA may, at its discretion, make substitutions for individual students who are not "disabled persons" but who are unable to consume a food item because of medical or other special dietary needs. Such substitutions may only be made on a case-by-case basis when supported by a statement signed by a recognized medical authority. In these cases, the recognized medical authority may be a physician, physician's assistant, or nurse practitioner.

SFA's are not required to make substitutions for students whose conditions do not meet the definition of "disabled person." For example, individuals who are overweight or have elevated blood cholesterol generally do not have a health condition that meets the definition of a "disabled person." Thus, SFAs are not required to make meal substitutions for them. In fact, in most cases, the special dietary needs of non-disabled participants may be managed within the normal program meal service when a well-planned variety of nutritious foods is available to students, and/or Offer versus Serve is available and implemented.

Use of the following forms to notify households to provide diet instructions for a student with food allergies or intolerances is recommended. Annual updates to diet instructions are also recommended, but not required.

- Initial Letter to Parent/Guardian Explaining Requirements for Special Diet Instructions (Form 21-A)  
OR
- Letter to Parent/Guardian Explaining Requirements to Omit Fluid Cow's Milk (Form 21-B)  
OR
- Letter to Parent/Guardian Requesting Update of Special Diet Instructions (Form 21-C)

The SFA should also provide parents or guardians with:

- Letter to Physician/Medical Authority Requesting Instructions for Meal Substitutions for Disabilities, Allergies or Intolerances (Form 21-D)  
AND
- Medical Statement for Student Requiring Special Meals Due to Food Allergy or Intolerance (Form 21-E)  
OR
- Request to Omit Fluid Cow's Milk (Form 21-G)

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For students without disabilities, the medical statement must include, at a minimum, all of the following:

- An identification of the medical or other special dietary need that restricts the participants diet (i.e. allergy, intolerance or religious/ethical/cultural reasons).
- The food(s) to be omitted from the child's diet.
- The food(s) that may be substituted.

### **Milk Substitutions**

Milk substitutions for students who have a life-threatening food allergy or other “disability,” (as previously defined in this chapter) that is confirmed by an IEP and/or physician’s statement should be determined by instructions provided by the physician.

Specific USDA policy guidelines apply for students who do not have a disability. A physician may request (in writing) a milk substitute for any other medical or special dietary need, including but not limited to a non-life-threatening milk allergy/intolerance or vegan diet, as well as a parent/guardian written request for religious, cultural, and/or ethical reasons.

In these instances, a milk substitute may be provided at the discretion of the SFA. SFAs should be consistent in the response to these types of requests. If a school chooses to honor a substitution request and operates under Offer versus Serve provisions, then milk does not need to be served to the student in order for their meals to be reimbursable. If the school does not use Offer versus Serve, then an acceptable milk substitute (to be chosen by the SFA) must be provided. The SFA is under no obligation to provide multiple choices of milk substitutes.

Water and juice are not acceptable, reimbursable milk substitutes, even if previously approved and/or specified on a statement provided by a parent/guardian and/or physician. Lactose-free milk is an acceptable substitute, where practical. USDA only provides nutritional standards for milk substitutes and does not provide any list of actual products.

### **Reimbursement and Availability of Food Substitutions**

Reimbursement for meals served with an authorized substitute food to disabled students or to students with other medical or special dietary needs (i.e. those with allergies or intolerances verified by a recognized medical authority), shall be claimed at the same reimbursement rate as meals that meet meal requirements. These meals should be claimed in the category (i.e. free, reduced-price or paid) for which the students are eligible. Any other meals containing substitutions (e.g. for religious or ethnic reasons) may only be claimed for reimbursement if the meal meets all meal pattern requirements.

SFAs “may not discriminate on the basis of disability” and “shall serve special meals at no extra charge to students whose disability restricts their diet.” SFAs that choose to provide substitutions for other medical reasons or special dietary needs (i.e. allergies or intolerances) are also responsible for any additional costs. However, additional costs associated with providing substituted foods are considered allowable program costs.

For students with a disability requiring substitutions, every effort should be made to obtain food substitutions described in the physician’s supporting statement. If the authorized substitute foods are not generally available in the local markets, the parent or guardian may be asked to provide the substitute food item prescribed by the physician.

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### Cost of Snacks

- Q-7 *When a physician orders a snack outside of the meal period for a student with a disability, must the food service program bear the cost of the snack?*
- A The student should be requested to bring the snack from home. However, that may not always be possible for some students. The cost of providing the snack for the student is an allowable cost to the food service program. The cost of the snack could also be paid from special education funds or other school funds.

### Menu Documentation

SFAs must ensure that the modified meal is reimbursable per federal guidelines, and ensure that any meal modifications meet nutrition standards which are medically appropriate for the child.

### Putting Guidelines into Practice

To ensure special dietary needs are accommodated appropriately throughout the SFA, communication coupled with a team approach is recommended for success. Below are best practices for SFAs to follow:

- Create and maintain a healthy, safe school environment by following HACCP policies and procedures for handling food allergies on-site (i.e., prevent cross-contamination)
- Manage and participate in the SFAs Special Needs Diet Policy (i.e., communication between Administration, Nurse, and Foodservice Personnel)
- Prepare for food allergy emergencies (i.e., training for epinephrine auto-injector)
- Provide education to employees and students with special dietary needs.

### Discontinuation of Special Diet Instructions

For some students, special diet orders are temporary. When a menu order is discontinued, the parent should ensure that the SFA is notified in writing. Form 21-H, Discontinuation of Diet Instructions for Allergies, Intolerances or Disabilities or Form 21-I, Discontinuation of Fluid Cow's Milk Omission can be used to document that the student is no longer in need of special school meals.

### Resources

For additional information refer to the guidance issued by the United States Department of Agriculture (USDA), *Accommodating Children with Special Dietary Needs in School Nutrition Programs: Guidance for School Food Service Staff*. It contains detailed information on school food service staff's responsibility in relation to special dietary needs and disabled students. It may be accessed at [www.fns.usda.gov/cnd/guidance](http://www.fns.usda.gov/cnd/guidance). If you are unable to access it, contact SCDE for assistance at (803) 734-8188.

For information concerning food allergies, contact the Food Allergy and Anaphylaxis Network (FAAN) at 1-800-929-4040 or go to [www.foodallergy.org](http://www.foodallergy.org).



**Dillon District Three  
Special Diet Instructions  
2021-2022**

Dear Parent/Guardian:

You have indicated that your student has a special dietary need that requires modification of the school menu. Federal regulations require the school to receive written instructions from an appropriate medical authority before the school can modify your student's meals. A recognized medical authority must complete one of the following forms to document your student's current special dietary needs.

- Medical Statement for Student Requiring Special Meals Due to Disability: If the student has a disability that affects his/her diet; a licensed physician must complete this form.
- Medical Statement for Student Requiring Special Meals Due to Food Allergy or Intolerance: If the student has a food allergy or intolerance, a physician or other recognized medical authority (i.e. physician's assistant or nurse practitioner) must complete this form.

The medical authority must list on the form all foods that are to be eliminated from the diet and foods that may be substituted. The appropriate medical statement should be dated no earlier than July 1, 2021. To ensure your student's special dietary needs are met on the first day of school, return the completed medical statement by July 31, 2021 to Dillon District Three at 205 King Street, Latta SC 29565.

**IMPORTANT:** Please sign the appropriate medical statement. If the school staff needs additional information to clarify how to carry out the diet prescription, your signature is required for the physician or medical authority to share information with the school.

If you have questions or need assistance, please call Theresa Rogers at 843-752-7101.

Sincerely,

Theresa Rogers  
Food Service Director

**Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.** "The U.S. Department of Agriculture (USDA) prohibits Discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov). **Dillon District Three is an equal opportunity provider.**

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (in Spanish).

**Requirement to Omit Fluid Milk from Diet  
2021-2022**

Dear Parent/Guardian:

You have indicated that your student has a special dietary need due to a medical, religious, ethical, cultural or ethnic reason that requires the omission of fluid cow's milk. Federal regulations require the school to receive written instructions from the parent/guardian or an appropriate medical authority before the school can omit fluid cow's milk from your student's meals. The parent/guardian or a recognized medical authority must complete the following form to document your student's current special dietary needs: *Request to Omit Fluid Cow's Milk*.

The only milk substitutions allowed are:

- lactose-free milk or
- a nondairy beverage that is nutritionally equivalent to fluid milk and provides specific levels of nutrients as determined by the U.S. Department of Agriculture (USDA).

Please note that if the student has a disability that affects his/her diet, a licensed physician must complete form 19-F, Medical Statement for Students Requiring Special Meals Due to a Disability. The appropriate medical statement should be dated no earlier than July 1, 2020. To ensure your student's special dietary needs are met on the first day of school, return the completed medical statement by July 31, 2020 to Theresa Rogers at 205 King Street, Latta SC 29565.

If you have questions or need assistance, please call Theresa Rogers at 843-752-7101.

Sincerely,

Theresa Rogers  
Food Service Director

**Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.** "The U.S. Department of Agriculture (USDA) prohibits Discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov). **Dillon District Three is an equal opportunity provider.**

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**Letter to Parent/Guardian Requesting Update of Special Diet Instructions**  
**Dillon District Three**  
**2021-2022**

Dear Parent/Guardian:

According to our records, during school year 2020--2021 your student had a special dietary need that required modification of the school menu. Federal regulations require the school to receive written instructions from an appropriate medical authority before the school can modify your student's meals. A recognized medical authority should complete one of the following forms to document your student's current special dietary needs. Annual updates to special diet instructions are recommended.

- Medical Statement for Student Requiring Special Meals Due to Disability: If the student has a disability that affects the diet, a licensed physician must complete this form.
- Medical Statement for Student Requiring Special Meals Due to Food Allergy or Intolerance: If the student has a food allergy or intolerance, a physician or other recognized medical authority must complete this form.

The medical authority must list on the form all foods that are to be eliminated from the diet and foods that may be substituted. The appropriate medical statement should be dated no earlier than July 1, 2020. To ensure your student's special dietary needs are met on the first day of school, return the completed medical statement by July 31, 2020 to Theresa Rogers at 843-752-7101.

**IMPORTANT:** Please sign the appropriate medical statement. If the school staff needs additional information to clarify how to carry out the diet prescription, your signature is required for the physician or medical authority to share information with the school.

If you have questions or need assistance, please call Theresa Rogers at 843-752-7101.

Sincerely,

Theresa Rogers  
Food Service Director

**Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.** "The U.S. Department of Agriculture (USDA) prohibits Discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (in Spanish). **Dillon District Three is an equal opportunity provider.**

**Letter to Physician/Medical Authority  
Requesting Instructions for Meal Substitutions for Disabilities, Allergies or  
Intolerance  
Dillon District Three  
2021-2022**

Dear Physician or Medical Authority:

To allow the school food service department to comply with the USDA Child Nutrition Program regulations for meeting a student's special dietary needs, information must be provided using one of the enclosed forms. Please select the form to be completed based on the descriptions provided:

1. **Medical Statement for Student with Disability Requiring Special Meals:** A student with a disability is to be provided substitutions in foods only when supported by a statement signed by a physician licensed by the state. A "disabled person" means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment or is regarded as having such an impairment. The supporting statement must identify:
  - a. The individual's disabling condition and an indication how the disability restricts the child's diet;
  - b. The major life activity affected by the condition;
  - c. The food or foods to be omitted from the child's diet and the food or choice of foods that must be substituted.
  - d. Time frame of meal modification (if applicable).

**OR**

2. **Medical Statement for Student with Food Allergy or Intolerance:** A school will withhold and, at its discretion, may make substitutions for a student who is NOT disabled but is unable to consume food items because of food intolerances or allergies. A recognized medical authority, such as a physician, physician's assistant or nurse practitioner, must sign a supporting statement. The supporting statement must include:
  - a. An indication that the medical or other special dietary need restricts the child's diet and
  - b. The food or foods to be omitted from the child's diet and
  - c. The food or choice of foods that may be substituted.
  - d. Time frame of meal modification (if applicable).

Until complete information is received from your office, the student's special diet cannot be implemented. Your timely assistance is appreciated. It is extremely important for the parent/guardian to sign the Medical Statement. If the student's school needs to clarify the diet prescription, the physician or medical authority can provide further information ONLY if the parent/guardian has signed the Medical Statement. Please retain a copy of the completed Medical Statement with your medical records for the student.

If you have questions or need assistance, please call Theresa Rogers at 843-752-7101.

Sincerely,

Theresa Rogers  
Food Service Director

Enclosures: Medical Statement for Student Requiring Special Meals due to Food Allergy or Intolerance  
Medical Statement for Student Requiring Special Meals due to Disability

***Dillon District Three is an equal opportunity provider***

## Medical Statement for Student Requiring Special Meals Due to Food Allergy or Intolerance

Student Name: \_\_\_\_\_

District: \_\_\_\_\_

Birth Date: \_\_\_\_\_

School: \_\_\_\_\_

Parent Name: \_\_\_\_\_

School Contact: \_\_\_\_\_

Address: \_\_\_\_\_

School Address: \_\_\_\_\_

Phone: \_\_\_\_\_

School Phone: \_\_\_\_\_

**To be completed by a recognized medical authority (i.e. a licensed physician, physician's assistant or nurse practitioner)**

The school is not required to provide substitutions for an allergy or food intolerance, and is permitted to do so **ONLY** when omitted foods and appropriate substitutions are specified by a medical authority. If diet modifications are implemented by the school, they will continue until a medical authority specifies that they should be changed or stopped. Parents/guardians are asked to annually request updated instructions for diet modifications from a medical authority.

Student has a disability affecting the diet that meets the definition of "disability" as described on the reverse side of this form. If yes, complete Medical Statement for Student Requiring Special Meals Due to Disability.

**Diet Prescription** (check all that apply):

Milk/Dairy Products Allergy – No fluid cow's milk or any other food product made with cow's milk such as cheese, yogurt, dried milk powder, etc. \* \* \* If student has intolerance to milk and/or milk products, then please complete Form 21-G, Request to Omit Fluid Cow's Milk.

Other (describe): \_\_\_\_\_

Food allergies – Please check appropriate box(es):  ingestion  contact  inhalation

**List the specific food(s) to be omitted and food(s) that may be substituted.** If more space is needed for omitted foods or substitutions, please continue on reverse side of form. Specific foods to be omitted and specific foods to be substituted must be listed below or this statement will be returned to the physician/medical authority for clarification.

**Meal Modification** Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

**Omit Foods Listed Below:**

**Substitute Foods Listed Below:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Continued on reverse side

**Medical Statement for Student Requiring Special Meals Due to Food Allergies or Intolerances**  
(continued)

**Comments:**

**Physician/Medical Authority's Certification:**

I certify that the student named on this form needs the prescribed food and/or beverage omission(s) and substitution(s) due to his/her food allergy (ies) and/or food intolerance(s).

\_\_\_\_\_  
Medical Authority's Printed Name

\_\_\_\_\_  
Medical Authority's Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Preparer or Other Contact's Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

**Parent/Guardian's Consent**

I hereby give permission for the school staff to make the prescribed food and/or beverage omission(s) and substitution(s) in my child's school meals. Furthermore, should the school staff require additional information to clarify how to carry out the diet prescription or food omissions and substitutions; I hereby give permission for my child's physician/medical authority to provide any additional information necessary to clarify the diet prescription written on this form.

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

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

**Definition of Disability:**

Federal regulations governing the Child Nutrition Programs provide that schools must make substitutions in breakfasts, lunches and afterschool snacks for students who are considered to have a disability and whose disability restricts their diet.

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

- Cancer
- Cerebral Palsy
- Drug addiction and alcoholism
- Emotional illness
- Epilepsy
- Food anaphylaxis (severe food allergy)
- Heart disease
- HIV
- Mental retardation
- Metabolic diseases, such as diabetes or phenylketonuria (PKU)
- Multiple Sclerosis
- Muscular Dystrophy
- Orthopedic, visual, speech and hearing impairments
- Specific learning disabilities
- Tuberculosis

The Individuals with Disabilities Education Act (IDEA) includes the following conditions:

- Autism
- Deaf-blindness
- Deafness or other hearing impairments
- Emotional disturbance
- Mental retardation
- Multiple disabilities
- Orthopedic impairments
- Other health impairments due to chronic or acute health problems, such as asthma, diabetes, nephritis, sickle cell anemia, a heart condition, epilepsy, rheumatic fever, hemophilia, leukemia, lead poisoning, or tuberculosis
- Specific learning disabilities
- Traumatic brain injury
- Visual impairment, including blindness which adversely affects a child's educational performance

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.

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## Medical Statement for Student Requiring Special Meals Due to Disability

Student Name: \_\_\_\_\_ District: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ School: \_\_\_\_\_  
Parent Name: \_\_\_\_\_ School Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ School Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ School Phone: \_\_\_\_\_

### To be Completed by a Licensed Physician:

The school will make diet modifications for a disability **ONLY** when omitted foods and appropriate substitutions are prescribed by a licensed physician. If diet modifications are implemented by the school, they will continue until a licensed physician specifies that they should be changed or stopped. Parents/guardians are encouraged to annually request updated instructions for diet modifications from a licensed physician.

### Disability:

Identify the disability (see definition on back of form) that causes the student to require diet modifications.

Describe the major life activities, affected by the disability, that require diet modifications.

**Diet Prescription:** Check all that apply.

- Diabetic meal plan. Please specify \_\_\_\_\_  
\_\_\_\_\_
  
- Gluten-free meal plan. Please omit all products containing wheat, rye, barley and oats.
- Modified texture:  Regular    Chopped    Ground    Pureed
- Other (describe): \_\_\_\_\_
- Modified thickness of liquids:    Regular    Nectar    Honey    Pudding
- Other (describe): \_\_\_\_\_

List the specific food(s) to be omitted and food(s) that may be substituted. If more space is needed for omitted foods or substitutions, please attach an additional page.

**Meal Modification** Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Omit Foods Listed Below:**

**Substitute Foods Listed Below:**


**Special Feeding Equipment:** \_\_\_\_\_

Continued on reverse side.

**Comments:**

**Physician's Certification:**

I certify that the student named on this form needs the prescribed food and/or beverage omission(s) and substitution(s) due to his/her disability/disabilities.

\_\_\_\_\_  
Licensed Physician's Printed Name

\_\_\_\_\_  
Licensed Physician's Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Preparer or Other Contact's Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

**Parent/Guardian's Consent:**

I hereby give permission for the school staff to make the prescribed food and/or beverage omission(s) and substitution(s) in my child's school meals. Furthermore, should the school staff require additional information to clarify how to carry out the diet prescription or food omissions and substitutions; I hereby give permission for my child's physician to provide any additional information necessary to clarify the diet prescription written on this form.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Definition of Disability:**

Federal regulations governing the Child Nutrition Programs provide that schools must make substitutions in breakfasts, lunches and afterschool snacks for students who are considered to have a disability and whose disability restricts their diet.

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

- Cancer
- Cerebral Palsy
- Drug addiction and alcoholism
- Emotional illness
- Epilepsy
- Food anaphylaxis (severe food allergy)
- Heart disease
- HIV
- Mental retardation
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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.

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## Request to Omit Fluid Cow's Milk

Student Name: \_\_\_\_\_ District: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ School: \_\_\_\_\_  
Parent Name: \_\_\_\_\_ School Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ School Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ School Phone: \_\_\_\_\_

**To be completed by a recognized medical authority such as a physician, physician's assistant, nurse practitioner OR by a parent/guardian.**

The school is not required to provide substitutions for a milk allergy, lactose intolerance, or for any other non-medical reason, and is permitted to do so **only** when omitted foods and appropriate substitutions are specified by a recognized medical authority or parent/guardian. If diet modifications are implemented by the school, they will continue until either a recognized medical authority or a parent/guardian specifies that they should be changed or stopped. Parents/guardians are encouraged to annually provide updated instructions for diet modifications from a recognized medical authority or a parent/guardian.

**Dietary Accommodations:** Select one.

**Lactose Intolerance – Please offer student:**

Lactose-free milk     Milk substitute approved by USDA

**OR**

**Milk allergy – Instead of fluid cow's milk, please offer student:**

Milk substitute approved by USDA (Use Form 21-E to list specific omissions and substitutions)

**OR**

**Religious, ethical or cultural reasons – Instead of fluid cow's milk, please offer student:**

Milk substitute approved by USDA

**Certification:**

I certify that the student named on this form needs the prescribed fluid cow's milk omission and substitution(s) due to his/her milk allergy or lactose intolerance(s).

\_\_\_\_\_  
Medical Authority's Signature                      Phone Number                      Date

**OR**

I hereby give permission for the school staff to omit fluid cow's milk and make the above identified substitution(s) in my child's school meals.

\_\_\_\_\_  
Parent/Guardian's Signature                      Phone Number                      Date

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## Discontinuation of Diet Instructions for Allergies, Intolerances or Disabilities

Name of Medical Authority: \_\_\_\_\_

Name of Student: \_\_\_\_\_

School: \_\_\_\_\_

I certify that the student named above is no longer in need of special school meals effective on the following date: \_\_\_\_\_.

\_\_\_\_\_  
Signature of Recognized Medical Authority

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### Parent/Guardian

I give \_\_\_\_\_ school's personnel permission to contact the medical  
(Name of School)  
Authority named above in order to clarify dietary needs for my child.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address, City, State, Zip

\_\_\_\_\_  
Phone Number

**Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.** "The U.S. Department of Agriculture (USDA) prohibits Discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov). **Dillon District Three is an equal opportunity provider.**

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (in Spanish).

## Discontinuation of Fluid Cow's Milk Omission

Name of Student: \_\_\_\_\_

School: \_\_\_\_\_

I certify that the student named above no longer needs the omission of fluid cow's milk from school meals effective on the following date: \_\_\_\_\_.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
City, State, Zip

**OR**

Printed Name of Medical Authority: \_\_\_\_\_

\_\_\_\_\_  
Recognized Medical Authority's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
City, State, Zip

**Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.** "The U.S. Department of Agriculture (USDA) prohibits Discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

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