

Special Dietary Needs Procedure:

- Kitchen Manager is notified of special dietary needs and/or food allergy.
- Kitchen Manager provides **Medical Statement for Dietary Disability – School Meal Modification**
- Paperwork is completed in full and signed by a licensed physician, advanced nurse practitioner with prescription rights or physician assistant.

Paperwork:

The following paperwork must be filed out completely before any meal modifications will be made:

Medical Statement for Disability – School Meal Modification

The Pinnacle Charter School WILL:

- Make meal modifications/substitutions prescribed by a licensed physician, advanced nurse practitioner with prescription rights of physician assistant to accommodate a dietary disability based on a completed and signed medical statement.
- Make meal modifications/substitutions for students as called for in their section 504 or an IEP plan.

The Pinnacle Charter School WILL NOT:

- Make meal modifications for an allergy/intolerance to a food that does not rise to the level of a disability, or any other medical condition that also does not rise to the level of a disability.
 - Make substitutions for fluid cow's milk due to a food allergy/intolerance for reasons that does not rise to the level of a disability.
- Completed paperwork should be returned to the Nutrition services Department. If the paperwork is not complete, it will be returned to the parent or guardian.
 - The Nutrition Services Director will keep the completed paperwork on file and will contact the parent or guardian when it has been received. A meeting will be set up as needed.

Menu Modifications:

For dietary disabilities a modified menu will be created as needed.

A copy of the meal modifications will be given to the

- 1) Nutrition Services Director
- 2) the parent or guardian
- 3) the health aide/nurse as appropriate

The Pinnacle Charter School will provide nutrition information regarding ingredients in menu items specific to the student's allergy or intolerance. Parents and/or guardians should work with the student to decide which foods on the menu are appropriate meal choices and when it might be beneficial for the student to bring a lunch from home.

Record Keeping:

Nutrition Services:

- 1) Copy of all completed medical paperwork
- 2) Copy of modified menu

Kitchen (in Special Diet/Allergy folder)

- 1) Copy of modified menu for each student
- 2) Copy of all completed medical paperwork
- 3) Will also keep blank copies of necessary paperwork to give to parents/nurses/health aides as needed.

Important Notes:

- Meal modifications for dietary disabilities cannot be implemented until current and completed medical paperwork is received and reviewed. A modified menu will be created that will be distributed to both the kitchen and the parent.
- If you are submitting a request for meal modification it may take up to 10 school days from the time the request is received until it can be implemented.
- It is strongly recommended that a licensed physician, advanced nurse practitioner with prescription rights or a physician assistant annually the prescribed diet order. A medical statement will be requested from Nutrition Services annually.
- In order to discontinue a special diet the ***Discontinuation of School Meal Modifications*** form must be filled out by the appropriate medical authority.

Medical Statement for Dietary Disability - School Meal Modification

Important! Carefully read and follow the procedures for a dietary disability. The school will return incomplete Medical Statements to the parent/guardian. If you have questions about this form, the school contact named in Part A below will assist you.

Modification due to a dietary disability:

- A school is required to make meal modifications prescribed by a licensed physician, advanced practice nurse with prescriptive authority or physician assistant to accommodate a student's dietary disability.
- If this is a life-threatening food allergy resulting in anaphylaxis, ensure the Allergy & Anaphylaxis Action Plan form is completed by school nursing staff.

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. Major life activities also includes "Major Bodily Functions" such as: functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, and reproductive functions. 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

Filling out Form:

- Part B of this form must be completed by a licensed physician (MD or DO), advanced practice nurse (APN) with prescriptive authority (RXN) or physician assistant (PA).
- Parts A and C of this form must also be completed before the school can make meal modifications.
- The meal modifications will continue until a licensed physician, advanced practice nurse with prescriptive authority or physician assistant requests that the modifications be changed or stopped on Form SD-3, which is available from the school.
- It is strongly recommended that a licensed physician, advanced practice nurse with prescriptive authority or physician assistant annually update the prescribed diet order.

Part A. Student, Parent/Guardian & School Contact Information – To be completed by a parent/guardian or school contact person

1. Student's Name:	2. Date of Birth:	3. School:
4. Parent/Guardian's Name:	5. Parent/Guardian's Phone:	
6. School Contact's Name:	7. School Contact's Phone:	

Part B. Prescribed Diet Order – This part must be completed by a licensed physician, advanced practice nurse with prescriptive authority or physician assistant as specified above.

8. Licensed Physician/Advanced Practice Nurse with Prescriptive Authority/Physician Assistant Information

Signature:	Title:	
Printed Name:	Phone:	Date:

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

I give permission for school personnel responsible for implementing my child's prescribed diet order to discuss my child's special dietary accommodations with any appropriate school staff. I also give permission for my child's licensed physician, advanced practice nurse with prescriptive authority or physician assistant to further clarify the prescribed diet order on this form if requested to do so by school personnel.

Parent/Guardian's Signature: _____ Date: _____

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