

ACCOMMODATING CHILDREN WITH SPECIAL DIETARY NEEDS

REQUIRED DOCUMENTATION

The Texas Department of Agriculture has set forth the following guidelines for accommodating Children with special dietary needs:

Physician's / Medical Statement

For Students With Special Dietary Needs "Allergy or Intolerance":

- Signed by a physician, physician assistant, or advanced practical nurse.
- Identifies the medical condition that restricts the child's diet.
- Includes an explanation of why the condition restricts the child's diet.
- Identifies the major life activity affected by the disability.
- Lists the food or foods to be omitted from the child's diet and the food or choice of foods that must be substituted.

The required Physician's Request for Dietary Accommodations form is available on our website.

*ALL REQUESTS MUST BE SUBMITTED USING THE WISD PHYSICIAN REQUEST
FOR SPECIAL DIETARY ACCOMMODATIONS FORM*

This documentation must be submitted to the school nurse on campus.

Dawn Moon Brookeland Nurse, RN

409-698-3285

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Dietary accommodations will be arranged once the Food Service Department receives and processes the request.

Note: Dietary accommodations that require the purchase of specific items may not be available immediately.

It can take up to 4 weeks to receive the first delivery of special order items.

DISTRIBUTION OF RESPONSIBILITY

PARENTS

- Provide a physician's statement to the school nurse, making sure that it includes all required information as listed on page 1.
- NOTE: If the physician's order contains any statements requiring further clarification, special dietary accommodations will not begin until the physician provides further written clarification.*
- Provide updated physician's orders as necessary. Give the school nurse a written statement signed by the parent or physician when accommodations are no longer needed.
 - Dietary accommodations cannot be changed prior to receiving updated documentation from the physician. Work with the school nurse and food service Department to review and return modified menus as soon as possible.

NOTE: Modified menus will not be implemented until approval is received.

- Physician's diet orders must be renewed every school year.
- Please provide a updated physician's statement to the school food service department during the summer, prior to the beginning of school. Remember that there may be a delay of up to 4 weeks if special purchases are required.

SCHOOL NURSE

- Fax or E-mail the physician's orders to the Food Service Director Angela Williams awilliams@brookelandisd.net 409-698-2135
- Serve as liaison between the Food Services Department and the parent to gather documentation needed information and physician

FOOD SERVICE

What We Can Do: ✓

- Provide meals which to the best of our knowledge meet the physician ordered dietary restrictions.
- Work with the parent and school nurse to adjust the diet as updated physician's orders are received.
- Non-disability students will be handled on a case by case basis

What We Can **Not** Do: ✗

- Interpret, revise, or change a diet order for students with disabilities.
- Provide dietary accommodations for students without a valid medical condition.
- Provide dietary accommodations without the proper physician's documentation.
- Provide fruit juice as a milk substitute for non-disability students

Physician's Request for Special Dietary Accommodations

Please print clearly

Child's Name: _____ School/Grade _____

Medical Condition: _____

Foods to be omitted: ___ Milk ___ All Dairy Products

___ All foods containing milk protein (casein, whey, lactose, etc.)

___ Wheat ___ Gluten ___ Eggs ___ All Egg Protein (albumin, etc.)

___ Corn (as major ingredient) ___ All Corn Additives (dextrin, caramel color, etc)

___ Soy ___ Seafood ___ Peanuts ___ All Nuts

___ All products "produced in a facility that also produces nut containing products"

___ Other (please be specific): _____

Foods to be substituted: _____

Physician's Signature

Date

Print Physician's Name

Telephone Number

⇒ Contact for questions regarding special dietary accommodations (parent, guardian, doctor, nurse, dietitian, etc.)

Print Name

Telephone Number

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