



# EAGLE RIDGE ACADEMY

Hello Eagle Ridge Family,

Attached, please find the forms to be filled out by a Medical Physician requesting any Special Dietary needs.

Please bring the **entire packet** to your physician. Your physician will determine what form to fill out based on your child's medical history.

Send completed forms to Eagle Ridge Academy Food Service Coordinator, Stephenie Janson. We will then contact you with further questions.

A handwritten signature in cursive script that reads "Stephenie L. Janson". The signature is written in a dark ink and is positioned above the printed contact information.

Stephenie L. Janson  
Eagle Ridge Academy  
5300 France Avenue South  
Edina, MN 55410  
952-955-8000 x315

## SPECIAL DIET STATEMENT GUIDANCE

(For a Recognized Medical Authority)

### DEFINITION OF “DISABILITY”

The provisions requiring substitutions or modifications for persons with disabilities respond to the federal requirements under Section 504 of the Rehabilitation Act of 1973 and the regulations that implement that law (7 CFR 15b) which provide that no otherwise qualified individuals shall be excluded from participation in, be denied benefit of, or subjected to discrimination, under any program or activity receiving federal financial assistance, solely on the basis of their disability. Therefore, substitutions to the meal pattern, or modifications to a food item, are required for those participants with disabilities who are unable to consume the regular program meals.

### Definition of “handicapped person” from 7 Code of Federal Regulations 15b.3:

The definition of “handicapped person” is provided in 7 CFR 15b.3(i):

- (i) *“Handicapped 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 parts of the definition of “handicapped person” shown in bold print are further defined in 7 CFR 15b.3(j) through 15b.3(m).

- (j) *“Physical or mental impairment” means (1) 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; genitourinary; hemic and lymphatic; skin; and endocrine; or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. 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; diabetes; mental retardation; emotional illness; and drug addiction and alcoholism.*
- (k) *“Major life activities” means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.*
- (l) *“Has a record of such an impairment” means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities.*
- (m) *“Is regarded as having an impairment” means (1) has a physical or mental impairment that does not substantially limit major life activities but that is treated by a recipient as constituting such a limitation; (2) has a physical or mental impairment that substantially limits major life activities only as a result of the attitudes of others towards such impairment; or (3) has none of the impairments defined in paragraph (j) of this section but is treated by a recipient as having such an impairment.*

### FOOD ALLERGIES AND INTOLERANCES

Generally, a participant with a food allergy(ies) OR a food intolerance(s) is not considered to be a person with a disability. However, when in the physician’s assessment, the allergy to the food could result in a life-threatening reaction (anaphylactic reaction), the participant is considered to have a disability and substitutions prescribed by the physician must be provided. Requests for food substitutions due to a food allergy (non-life threatening) or due to a food intolerance will be evaluated by a school/center/site on a case-by-case basis. A school/center/site is encouraged to accommodate reasonable requests for food substitutions but is **not** required to do so.

### PARTICIPANT WITHOUT A DISABILITY

Substitutions may be made for a participant who is unable to consume a food item because of a medical or other special dietary need but who does not meet the definition of a “handicapped person” in 7 CFR 15b. Sponsors are encouraged, **but not required**, to provide food substitutions or modifications for a participant without a disability.

However, substitutions may be made on a case-by-case basis when supported by a statement signed by a licensed physician or recognized medical authority. In Minnesota, recognized medical authorities are licensed physicians, physician's assistants, certified nurse practitioners, registered dietitians, licensed nutritionists and chiropractors.

Participants who are overweight or have elevated blood cholesterol generally are not considered to have a disability and sponsoring authorities are not required to make substitutions for them.

In most cases, the special dietary needs of persons who do not have a disability may be managed within the normal program meal service when a variety of nutritious foods are made available to participants and/or the "offer versus serve" provision (if applicable) is utilized to maximize the participants' choices. Whenever food substitutions can be provided within the meal pattern, no Special Diet Statement is required.

### **SPECIAL DIET STATEMENT (for a participant *without* a disability)**

The Special Diet Statement for a participant *without* a disability must include:

1. An identification of the medical or other special dietary need which restricts the participant's diet.
2. The food or foods to be omitted from the participant's diet, and the food or choice of foods that may be substituted.

The statement does not have to be renewed each year as long as there are no changes.

### **STATE LAW ON LACTOSE INTOLERANCE (for School Nutrition Programs)**

The responsibility of a school food authority to provide substitutions for any child with lactose intolerance is specified in state law (Minnesota Statutes section 124D.114). Under this law, a school district or nonpublic school that participates in the National School Lunch Program or School Breakfast Program and receives a written request from a parent/guardian shall make available:

- ◆ Lactose-reduced or lactose-free milk; or,
- ◆ Milk fortified with lactase in liquid, tablet, granular or other form; or,
- ◆ Milk to which lactobacillus acidophilus has been added.

The school is **not allowed** to substitute juice (fruit or vegetable) or any soy- or rice-based beverage that is not nutritionally equivalent to cow's milk for a participant who is lactose intolerant.

### **FLUID MILK SUBSTITUTIONS (pertains only to the National School Lunch Program, School Breakfast Program, Special Milk Program and the Minnesota Kindergarten Milk Program)**

Requests for a milk substitute may be made by a parent/guardian or a recognized medical authority. According to U.S. Department of Agriculture (USDA) regulations, the only beverage that may be substituted for milk for a participant *without* a disability is a "milk substitute that is nutritionally equivalent to cow's milk" as defined in the USDA regulations. Juice, for example, does not meet the standard of being nutritionally equivalent to cow's milk and therefore cannot be substituted for milk even when a request is submitted on a participant's behalf by a recognized medical authority.

### **COOPERATION (as stipulated in FNS Instruction 783, Rev. 2, Section V Cooperation)**

When implementing these guidelines, food service personnel should work closely with parents, other responsible family members, and with all other school, child care, medical and community personnel who are responsible for the health, well-being and education of participants with disabilities or with other special dietary needs to ensure that reasonable accommodations are made to allow participation in the meal service.

## SPECIAL DIET STATEMENT For A Participant *Without* a Disability

This Special Diet Statement is for a participant *without* a disability who is medically certified as having a special dietary need. Requests for a special diet must be:

- Supported by a Special Diet Statement that is thoroughly completed and signed by a recognized medical authority (for example: a licensed physician, physician's assistant, certified nurse practitioner, registered dietitian, licensed nutritionist or chiropractor).
- Submitted to the school/center/site before any meal modifications will be made in the United States Department of Agriculture Child Nutrition Programs.

Special diet requests will be evaluated on a case-by-case basis. A school/center/site is encouraged to accommodate reasonable requests but is *not* required to do so.

PART 1: PARTICIPANT INFORMATION				
PARENT OR GUARDIAN MUST COMPLETE. PLEASE PRINT.				
Participant's Name: Last / First / Middle Initial				Today's Date:
Name of School/Center/Site Attended:				Date of Birth:
Parent/Guardian Name:		Home Phone Number:		Work Phone Number:
Parent /Guardian Address:		City:		State: Zip Code:
<b>Meals or snacks to be eaten at school/center/site: (circle all that apply)</b>				
<b>School:</b>		<b>Center / Child Care / Adult Care:</b>		<b>Site–Summer Food Service Program:</b>
Breakfast      Lunch		Breakfast      Lunch      Supper		Breakfast    Lunch    Supper    Snack
Afterschool Care Program (snack)		am / pm / eve Snack    Afterschool Snack		
Parent/Guardian Signature: _____				Date: _____
OR Participant's Signature (Adult Day Care)				
PART 2: PARTICIPANT STATUS				
RECOGNIZED MEDICAL AUTHORITY MUST COMPLETE.				
<b>Participant does <i>not</i> have a disability but is requesting a special meal or dietary accommodation.</b>				
<b>Describe and/or select the medical or special dietary condition which restricts the participant's diet:</b>				
_____				
_____				
<input type="checkbox"/> <b>Lactose Intolerance:</b> <input type="checkbox"/> No milk to drink (Schools: participant must be offered lactose-reduced or lactose-free milk as required by state law (Minnesota Statutes section 124D.114) when supported by a written request from the parent/guardian.				
<input type="checkbox"/> <b>Food Intolerance:</b> Food(s) intolerant to: _____				
<input type="checkbox"/> <b>Food Allergy:</b> Food(s) allergic to: _____				
The participant's allergy to the food(s) stated above <b>does not</b> result in a life threatening (anaphylactic) reaction.				
PLEASE NOTE: a food allergy <b>is</b> considered to be a disability when it results in a life-threatening (anaphylactic) reaction.				
◆The school/center/site cannot guarantee that the facility or dining area will be allergen free.◆				



## SPECIAL DIET STATEMENT For a Participant *With* a Disability

This Special Diet Statement is ONLY for a participant *with* a disability that affects the diet. This form must be:

- Thoroughly completed and signed by a licensed physician.
- Submitted to the school/center/site before any meal modifications will be made in the United States Department of Agriculture Child Nutrition Programs.
- Updated whenever the participant's diagnosis or special diet changes.

<b>PART 1: PARTICIPANT INFORMATION</b>			
<b>PARENT OR GUARDIAN MUST COMPLETE. PLEASE PRINT.</b>			
Participant's Name: Last / First / Middle Initial			Today's Date:
Name of School/Center/Site Attended:			Date of Birth:
Parent/Guardian Name:		Home Phone Number:	Work Phone Number:
Parent /Guardian Address:	City:	State:	Zip Code:
<b>Meals or snacks to be eaten at school/center/site: (circle all that apply)</b>			
<b>School:</b> Breakfast      Lunch Afterschool Care Program (snack)	<b>Center / Child Care / Adult Care Center:</b> Breakfast      Lunch      Supper am / pm / eve Snack      Afterschool Snack	<b>Site–Summer Food Service Program:</b> Breakfast    Lunch    Supper    Snack	
Parent/Guardian Signature: _____			Date: _____
OR Participant's Signature (Adult Day Care)			
<b>Note to Parent(s)/Guardian(s)/Participant: You may authorize the director of the school/center/site to clarify this Special Diet Statement with the physician by signing the Voluntary Authorization section at the end of this form.</b>			
<b>PART 2: PARTICIPANT STATUS</b>			
<b>LICENSED PHYSICIAN MUST COMPLETE. PLEASE PRINT.</b>			
<p><b>Participant has a disability and requires a special diet or food accommodation.</b></p> <p>An individual with a disability is described under Section 504 of the Rehabilitation Act (1973) and the American with Disabilities Act (ADA) as a person who has a physical or mental impairment that substantially limits one or more major life activities.</p> <p><b>Refer to the document titled <i>Special Diet Statement Guidance</i> for definitions of “disability” and “major life activities” which is included with this form.</b></p> <p>1. Identify the participant's disability: _____ <b>and/or</b></p> <p style="padding-left: 20px;">Identify food allergy that is life-threatening / anaphylactic (considered a disability): _____</p> <p>2. Identify the “major life activities” affected by the disability: _____</p> <p>3. Describe how the disability restricts the participant's diet: _____</p>			



## VOLUNTARY AUTHORIZATION

**A PARENT/GUARDIAN/PARTICIPANT MAY CHOOSE TO COMPLETE THIS SECTION GIVING PERMISSION TO THE LICENSED PHYSICIAN TO DISCUSS AND CLARIFY A DIET ORDER WITH A DIRECTOR OF A SCHOOL, CENTER OR SITE.**

Note to Parent(s)/Guardian(s)/Participant: As stipulated in FNS Instruction 783, Rev. 2, Section V Cooperation: "When implementing the guidelines of this instruction, food service personnel should work closely with the parent(s)/guardian(s)/participant or responsible family member(s) and with all other medical and community personnel who are responsible for the health, well-being and education of a participant with a disability that affects the diet to ensure that reasonable accommodations are made to allow the individual's participation in the meal service.

This voluntary authorization encourages such cooperation by allowing the following:

- After review of this Special Diet Statement, the school, center or site may need more information or clarification from the physician before it can provide the special diet. By signing this authorization you are permitting the school, center or site to discuss or clarify the diet order with the physician.
- Before any changes agreed to between the director of the school, center or site and physician take place, the parent(s)/guardian(s)/participant need to be informed.
- The changes agreed to will then be incorporated into an amended Special Diet Statement.
- If more information is needed but this authorization statement has not been signed, implementation of the special diet may be delayed.
- If authorization is signed, make a copy of this document before submitting to the school, center or site.

This authorizes the licensed physician to discuss or clarify the diet order prescribed for \_\_\_\_\_ (participant's name) with the director at \_\_\_\_\_ (name of school/center/site).

This authorization will remain in effect until the diagnosis has changed or a new diet order is prescribed.

This authorization may be revoked at any time by submitting a request in writing to the physician who originally signed the Special Diet Statement.

I understand that specific information disclosed pursuant to this authorization may be subject to re-disclosure by the school/center/site director and will no longer be protected under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
OR Participant's Signature (Adult Day Care)

In accordance with Federal law and USDA policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.