



Pine Island Public Schools
Food & Nutrition Department
P.O. Box 398
Pine Island, MN 55963
(P) 507-356-4849
(F) 507-356-8827

July 7, 2022

Dear Parent,

School Food Authorities (SFAs) must make reasonable substitutions to meals on a case-by-case basis for children who are considered to have a disability that restricts their diet [7 CFR 210.10(m)]. According to the ADA Amendments Act, most physical and mental impairments will constitute a disability.

SFAs are not required to accommodate special dietary requests that do not constitute a disability, including requests related to religious or moral convictions or personal preference. If these requests are accommodated, SFAs must ensure all USDA meal pattern and nutrient requirements are met.

Generally, children with food allergies or intolerances do not have a disability as defined in any of the Acts or Laws. However; when food allergies result in severe, life-threatening (anaphylactic) reactions, the child's condition would meet the definition of "disability" and the substitutions prescribed by a State Licensed Healthcare Professional must be made.

Once a child has been diagnosed with a food allergies or intolerances a Special Diet Statement form must be filled out by a State Licensed Healthcare Professional and is only for a participant with a disability that affects the diet.

This form must be:

- Completed and signed by a State Licensed Healthcare Professional.
- Submitted to the Food and Nutrition Director before any meal modifications will be made in the USDA Child Nutrition Programs.
- Updated each year or if the participant's diagnosis or special diet changes.

Pine Island Public Schools will provide lactose-free milk for children with lactose intolerance at no charge with a meal. Students may purchase lactose-free milk a la carte or for milk break for an additional fee. Parents can request lactose-free milk for their student by filling out a Request for Lactose – Free Milk form. **Please note that this request must be kept current and submitted each year.** Special Diet Statement and Request for Lactose – Free Milk forms can be found on the Food & Nutrition website or contact the Food & Nutrition Department at (507) 356-4849.

If the updated Special Diet Statement form is not received by Food & Nutrition Department by Friday, August 19th, 2022, the Food & Nutrition Department cannot guarantee that your student's special diet needs will be accommodated for the beginning of the 2022-2023 school year.

If you have any questions, please contact the Food & Nutrition Director at (507) 356-4849 or by email a Brenton.lexvold@pineisland.k12.mn.us.

Respectfully,
Brenton D. Lexvold, RDN, LD, SNS
Food & Nutrition Director
Pine Island Public Schools

ALL DOCUMENTS SHOULD BE Submitted to Food & Nutrition Department (**NOT THE NURSING DEPARTMENT**) Pine Island Public Schools, PO Box 398, Pine Island, MN 55963 before any meal modifications will be made in the United States Department of Agriculture Child Nutrition Programs.

"This institution is an equal opportunity provider"

2022-2023 School Year 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:

1. Thoroughly completed and signed by a MN licensed physician, physician assistant, or advanced practice registered nurse such as a certified nurse practitioner.
2. Submitted to Food & Nutrition, Pine Island Public Schools, PO Box 398, Pine Island, MN 55963 before any meal modifications will be made in the United States Department of Agriculture Child Nutrition Programs.
3. Updated each year or whenever the participant's diagnosis or special diet changes.

School Food Authorities (SFAs) must make reasonable substitutions to meals on a case-by-case basis for children who are considered to have a disability that restricts their diet [7 CFR 210.10(m)]. According to the ADA Amendments Act, most physical and mental impairments will constitute a disability.

SFAs are not required to accommodate special dietary requests that do not constitute a disability, including requests related to religious or moral convictions or personal preference. If these requests are accommodated, SFAs must ensure all USDA meal pattern and nutrient requirements are met.

PART 1: PARTICIPANT INFORMATION PARENT OR GUARDIAN MUST COMPLETE. PLEASE PRINT.

Participant's Name: Last / First / Middle Initial			Today's Date:
Name of School:	Grade Entering:	Teacher/Homeroom:	Date of Birth:
Parent/Guardian Name:	Home Phone Number:		Work Phone Number:
Email Address:	Cell Phone Number:		
Address:	City:	State:	Zip Code:

Meals or snacks to be eaten at school: (circle all that apply) ☐ Breakfast ☐ Lunch

Parent/Guardian Signature: _____ Date: _____

PART 2: PARTICIPANT STATUS (LICENSED HEALTH CARE PROVIDED MUST COMPLETE). REQUIRED INFORMATION: PLEASE PRINT.

Participant has a disability and requires a special diet or food accommodation. 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.

Refer to the document titled Special Diet Statement Guidance for definitions of "disability" and "major life activities" which is included with this form.

▪ **State the allergen or food to be avoided:**

- | | |
|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Milk | <input type="checkbox"/> Tree Nuts |
| <input type="checkbox"/> Eggs | <input type="checkbox"/> Soy |
| <input type="checkbox"/> Peanuts | <input type="checkbox"/> Wheat |
| <input type="checkbox"/> Fish | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Shellfish | _____ |

Additional Information: (example ok for child to consume Milk/Eggs if cooked or baked)

▪ **Brief explanation of how exposure to this food affects the child:** _____

- **Physician authorized use of an EpiPen or Twinject** ☐ Yes ☐ No **IF YES PLEASE NOTE:** If Physician authorized use of an EpiPen or Twinject the Anaphylaxis Emergency Action Plan needs to be filled out and returned to the school nurse.

REQUIRED Information: Dietary Accommodation

- **List specific foods to be omitted and substituted. Attach a sheet with additional instructions as needed.**

Foods to be Omitted	Foods to be Substituted

Additional Information

Texture Modification: ☐ Pureed ☐ Ground ☐ Bite-Sized Pieces ☐ Other (specify): _____

Tube Feeding: Formula Name: _____ Administering Instructions: _____

Oral Feeding: ☐ No ☐ Yes If yes, specify foods: _____

Signature

Licensed physician, physician assistant, or advanced practice registered nurse such as a certified nurse practitioner must sign and retain a copy of this document.

Prescribing Authority Credentials (print): _____ Date: _____

Signature: _____ Clinic/Hospital: _____

Phone Number: _____ Fax Number: _____

Voluntary Authorization

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 following Voluntary Authorization section:

In accordance with the provisions of the Health Insurance Portability and Accountability Act (HIPPA) of 1996 and the Family Educational Rights and Privacy Act I hereby authorize **(physician/medical authority name)** to release such protected health information as is necessary for the specific purpose of Special Diet information to _____ **(program name)** and I consent to allow the physician/medical authority to freely exchange the information listed on this form and in their records concerning me, with the program as necessary. I understand that I may refuse to sign this authorization without impact on the eligibility of my request for a special diet for me. I understand that permission to release this information may be rescinded at any time except when the information has already been released. Optional: My permission to release this information will expire on _____ **(date)**. This information is to be released for the specific purpose of Special Diet information. The undersigned certifies that he/she is the parent, guardian, or authorized representative of the participant listed on this document and has the legal authority to sign on behalf of that participant.

Parent/Guardian: _____ Date: _____

OR Participant's Signature (Adult Day Care)

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) [found online](#) at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992.

Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov

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SPECIAL DIET STATEMENT GUIDANCE (For a Licensed Physician)

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 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 impairments; 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.

SPECIAL DIET STATEMENT (for a participant with a disability)

The determination of whether a participant has a disability, and whether the disability restricts the participant's diet, is to be made by a licensed physician. The Special Diet Statement must identify:

1. The participant's disability and an explanation of why the disability restricts the participant's diet.
2. Which of the major life activities listed in 7 CFR 15b.3(k) (see above) is affected by the disability.
3. The food or foods to be omitted from the participant's diet and the food OR choice of foods that **must** be substituted.

Note: if the disability requires caloric modifications or the substitution of a liquid nutritive formula, this information must also be included in the statement.

The Special Diet Statement **does not** need to be renewed on a yearly basis; however, it must reflect the current dietary needs of the participant.

If a participant with a disability only requires a modification in food texture (such as chopped, ground or pureed foods), a physician's written instructions indicating the appropriate food texture is recommended, but not required. However, the sponsoring authority (school/center/site) may apply stricter guidelines requesting that a Special Diet Statement be provided for modifications in texture. Unless otherwise specified by the physician, meals will consist only of food items and quantities that are normally provided in the regular menus.

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 (anaphylactic) reaction, the participant is considered to have a disability and food substitutions prescribed by the licensed health care provider **must** be provided.