

Kingsley Pierson School District Food Service

Date: _____

Dear Parent or Guardian:

It has come to our attention that your student may require a dietary modification. Please review the enclosed materials we have gathered to help facilitate the process; they are designed to give you a good overview of the process and menu outcomes. Federal regulations and state law require specific documentation for diet modifications if they are to be addressed and monitored by the School Food Service. We request that you obtain and submit the required documentation to be kept on file for your student.

Materials Enclosed

1. **Physician certification forms** that are required by the state of Iowa:

- a. Medical Statement for Students Requiring Special Meals – form to be completed

It is important to note that the request can't be addressed by school foodservice without your physician filling out the forms completely including: Certification that the condition is a disability, identifying the major life activity affected by the disability, and the meal prescription itself as opposed to foods to avoid.

2. **Definition of Disability:** For reference by your family and your physician, attached is the definition of a disability.
3. **Qualifying Disabilities Listing:** In the USDA guidance for administering special diets in school foodservice, they provide a partial listing of disabilities that may qualify for special diets.
4. **Nutritional Information Limitations and Terms:** This document identifies the limitations school foodservice has in accurately providing nutritional and or allergen information on products we purchase from foodservice suppliers. Your family should read over this information carefully to be fully informed on these limitations. We ask that you acknowledge your understanding of this information and your agreement to these terms of information usage with the signature of a parent or guardian.

Outcomes of the Process

We feel it is important to understand the outcomes of the process in terms of your student's menu. Because of the difficulty in administering special diets, meal variety may be limited for your student with a certified disability. If after reviewing the Nutritional Information Limitations and Terms, the parent or guardian agrees to those terms, school foodservice will work with you to provide additional options to your students menu.

If your family is not comfortable with those terms, school foodservice will of course provide the one alternative meal as required by the USDA and the National School Lunch Program.

Depending on the dietary modification and the age of the student, we have found that some students prefer to monitor their own diet by choosing what they will eat each day. If you would like to allow your student to be responsible for his or her own diet by making their own choices, please ask the physician to indicate this on the form. We have also had some physicians specify that the student should monitor

his/her own diet restrictions, but that the School Food Service should insure that alternate choices are available on the menu.

If you are requesting that we provide ingredient or nutritional information with which to make these daily choices, please review the Nutritional Information Limitations and Terms and acknowledge your understating with a signature from a parent or guardian.

Please be sure your student's physician completes all portions of whichever form he/she deems appropriate and return the completed form to the School Food Service office, located at the _____.

Sincerely,

Kassi Schwier
Food Service Director
712-454-9910
k.schwie@lunchtimesolutions.com

Enclosures

MEDICAL STATEMENT

Parent/Guardian: You have requested a meal accommodation for your child that cannot be achieved within the federal meal pattern requirements for school meals (SP 59-2016). Therefore, in order to meet your child's needs, this form must be completed and returned to the school. The form must be completed by a State Licensed Health Care Professional (Physician (MD or DO), Physician's Assistant (PA), Advance Practice Registered Nurse-Nurse Practitioner (APRN-NP), or Chiropractor. A Licensed Medical Nutrition Therapist (LMNT) may also complete and sign when acting under the consultation of the licensed physician.

Name of Child:		Date of Birth:
Name of Parent/Guardian:		Telephone:
Address:	City:	State/Zip:
Email Address:	School Building Child Attends:	Grade:
Description of student's physical or mental impairment that restricts the diet:		
Specify any dietary restrictions or special instructions for meals:		
If applicable, list foods to omit:	If applicable, list foods to substitute:	
Texture Modifications:	Thickness Modifications:	
Signature of State Licensed Health Care Professional:	Name of referring physician working with LMNT (<i>if applicable</i>):	
Printed Name and Title:	Phone Number:	Date:

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, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individual 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

This institution is an equal opportunity provider.

Internal Use - School Information
Return to: _____
Phone number: _____
Date form received by school: _____
Follow-up: _____



Diet Modification Request Form

Description: The United States Department of Agriculture (USDA) reimburses home day care providers, child and adult care centers, summer food service sponsors, schools, residential child care institutions, preschools, and Head Start for meals served to participants that meet USDA requirements. The Child Nutrition Program participating home provider or organization is listed below for meals served in their program. If a participant needs to avoid specific foods for a medical reason, a prescribing licensed medical professional must document the diet modifications and sign this form.

Please complete this form and return to your organization or provider: _____
(Name of home provider or organization)

Participant's Name: _____ Birth Date: _____ Grade: _____

Parent/Guardian's Name: _____

1) Does the participant have a disability? <input type="checkbox"/> No <input type="checkbox"/> Yes (identify)	
If yes, describe the major life activity or functions affected by the disability (see link for definitions of disability http://www.eeoc.gov/laws/statutes/adaaa_info.cfm)	
If yes, explain why the disability restricts the participant's diet:	
If no, identify the medical condition that does not rise to the level of a disability:	
2) Food(s) or Formula to Omit:	Food(s) or Formula to Substitute:
3) Texture modifications:	
Infants must receive iron-fortified infant formula or breast milk unless an allergy/exception statement is on file.	
The back of this form includes additional descriptions <input type="checkbox"/> No <input type="checkbox"/> Yes	

Licensed prescribing medical professional*: _____
Name (Print or Type) Title

*In Iowa licensed prescribing medical professionals include Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), Physician's Assistant (PA), or Advanced Registered Nurse Practitioner (ARNP).

Signature of medical professional Date

If the participant has a disability, the provider must offer to supply the food substitutions unless doing so would be a documented financial hardship. If the participant does not have a disability, the provider is not required to supply the food substitutions.

The parent/guardian may request a nutritionally equivalent substitute for fluid milk without medical professional direction. This site chooses to offer this nutritionally-equivalent product: _____. Check here if you would like to request the soy milk listed in place of fluid milk and list the reason for the request. _____

USDA allows a parent/guardian to supply substitute foods. Check here if you wish to provide the substitute foods:

Parent/Guardian signature: _____ Date: _____
(To document choices and for permission to release information)

USDA is an equal opportunity employer and provider.

Developed by the Iowa Department of Education, Bureau of Nutrition and Health Services 8/2015

Check the box in front of food groups that should NOT be served and list the foods to be served instead.

<p>Lactose/milk – Do not serve the items checked below:</p> <p><input type="checkbox"/> Fluid milk as a beverage or on cereal? ¼ cup of fluid milk to be used on cereal? __yes __no</p> <p><input type="checkbox"/> Milk based desserts such as ice cream and pudding</p> <p><input type="checkbox"/> Hot entrees with cheese as a prime ingredient such as grilled cheese, cheese pizza, or macaroni & cheese</p> <p><input type="checkbox"/> Cheese baked in products such as a casserole or on meat pizza</p> <p><input type="checkbox"/> Cold cheese such as string cheese or sliced cheese on a sandwich</p> <p><input type="checkbox"/> Milk in food products such as breads, mashed potatoes, cookies or graham crackers</p>	<p>SERVE THESE ITEMS INSTEAD:</p>
<p>Soy - Do not serve the items checked below:</p> <p><input type="checkbox"/> Protein products extended with soy</p> <p><input type="checkbox"/> Processed items cooked in soy oil</p> <p><input type="checkbox"/> Food products with soy as one of the first three ingredients</p> <p><input type="checkbox"/> Food products with soy listed as the fourth ingredient or further down the list</p>	<p>SERVE THESE ITEMS INSTEAD:</p>
<p>Egg - Do not serve the items checked below:</p> <p><input type="checkbox"/> Cooked eggs such as scrambled eggs or hard cooked eggs served hot or cold</p> <p><input type="checkbox"/> Eggs used in breading or coating of products</p> <p><input type="checkbox"/> Baked products with eggs such as breads or desserts</p>	<p>SERVE THESE ITEMS INSTEAD:</p>
<p>Seafood – Do not serve the items checked below:</p> <p><input type="checkbox"/> Fish</p> <p><input type="checkbox"/> Shrimp</p> <p><input type="checkbox"/> Crab</p> <p><input type="checkbox"/> Oysters</p> <p><input type="checkbox"/> Other: _____</p>	<p>SERVE THESE ITEMS INSTEAD:</p>
<p>Peanuts – Do not serve the items checked below:</p> <p><input type="checkbox"/> Peanuts, individually or as an ingredient</p> <p><input type="checkbox"/> Foods containing peanut oil</p> <p><input type="checkbox"/> Foods items identified as manufactured in a plant that also handles peanuts</p>	<p>SERVE THESE ITEMS INSTEAD:</p>
<p>Tree nuts – Do not serve the items checked below:</p> <p><input type="checkbox"/> All nuts</p> <p><input type="checkbox"/> Food items identified as manufactured in a plant that also handles nuts</p> <p><input type="checkbox"/> Other: _____</p>	<p>SERVE THESE ITEMS INSTEAD:</p>
<p>Wheat – Do not serve the items checked below:</p> <p><input type="checkbox"/> Foods containing wheat</p> <p><input type="checkbox"/> Foods containing gluten</p> <p><input type="checkbox"/> Other: _____</p>	<p>SERVE THESE ITEMS INSTEAD:</p>

Nutritional Information - Limitations and Terms

Kingsley Pierson School District and its foodservice contractor Lunchtime Solutions, Inc. (the contractor) are able to provide nutritional information to students, parents, faculty or staff of or school districts upon request. This information is limited and is intended as a general guide to help individuals make choices for products and recipes that they choose from the menu. You may wish to utilize the services of a registered dietitian or healthcare provider if you are screening menus, recipes or individual products for a particular nutrient value, or for a food allergen. By requesting and receiving this information you agree that:

The contractor's nutritional analysis is based on the information provided by their suppliers; food manufacturers and distributors. The information provided by these manufacturers and distributors is reviewed regularly by the contractor and is believed to be as current and as accurate as possible.

The contractor's foodservice suppliers, both food manufacturers and or food service distributors, may change finished products or product ingredients without notice to their customers and foodservice operators. Those ingredient or product changes may significantly alter the nutritional values of recipes that we may serve. Variance in shop and kitchen conditions, as well as the use of substituted ingredients may affect the nutritional profile of the finished recipes.

Ingredients and foodservice finished product manufacturers routinely label products for allergens that are present. The information provided to you by the contractor is believed to be accurate based upon the supplier information at the time of the informational request. Because food suppliers to the contractor may change ingredients without notice, screening of products and or recipes for specific allergens including, but not limited to, peanuts, eggs, fish, shellfish, tree nuts such as walnuts and pecans, milk, wheat and soybeans, and their byproducts, may not be accurate.

Because of those variances outside of the control of District or its contractor, Lunchtime Solutions, Inc., neither the Kingsley Pierson Schools nor its contractor can guarantee nor shall be liable for the accuracy of nutritional information or allergen screening information that is provided.

The District does not warrant that the food served will be free of these allergens, as food suppliers of our contractor may change ingredients without notice. By signing this acknowledgement, you agree that you have read this agreement and that the information provided hereunder does not constitute a warranty that the nutritional information is completely accurate or that food served will be free of allergens.

I agree to the above limitations of the information provided to me by the (Insert) School District.

Signature _____

Date: _____

Print Name: _____

Nutritional information - Limitations and Terms

Lunchtime Solutions, Inc (LSI) is able to provide nutritional information to students, parents, faculty or staff of or school districts upon request. This information is limited and is intended as a general guide to help individuals make choices for products and recipes that they choose from the menu. You may wish to utilize the services of a registered dietitian or healthcare provider if you are screening menus, recipes or individual products for a particular nutrient value, or for a food allergen. By requesting and receiving this information you agree that:

LSI nutritional analysis is based on the information provided by their suppliers; food manufacturers and distributors. The information provided by these manufacturers and distributors is reviewed regularly by the contractor and is believed to be as current and as accurate as possible.

LSI foodservice suppliers, both food manufacturers and or food service distributors, may change finished products or product ingredients without notice to their customers and foodservice operators. Those ingredient or product changes may significantly alter the nutritional values of recipes that we may serve. Variance in shop and kitchen conditions, as well as the use of substituted ingredients may affect the nutritional profile of the finished recipes.

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Because of those variances outside of the control of school district or its contractor, Lunchtime Solutions, Inc., neither the district nor its contractor can guarantee nor shall be liable for the accuracy of nutritional information or allergen screening information that is provided.

LSI does not warrant that the food served will be free of these allergens, as food suppliers of our contractor may change ingredients without notice. By signing this acknowledgement, you agree that you have read this agreement and that the information provided hereunder does not constitute a warranty that the nutritional information is completely accurate or that food served will be free of allergens.

I agree to the above limitations of the information provided to me by Lunchtime Solutions, Inc.

Signature _____

Date: _____

Print Name: _____