

## Bremen City Schools Nutrition Department Excellence in all we do!

504 Laurel Street, Bremen, GA 30110 PH: 770.537.5508 x3220 or x3221•FAX: 770.537.0676

## Medical Plan of Care for School Nutrition Program (Students with Disabilities and Non-Disabling Special Dietary Needs)

The following child is a participant in one of the United States Department of Agriculture (USDA) school nutrition programs.

- USDA regulations 7CFR Part 15B require substitutions or modifications in school nutrition program meals for children whose **disability** restricts their diet and is supported by a statement signed by a **licensed physician**. Food allergies which may result in a severe, life-threatening (anaphylactic) reaction may meet the definition of "disability."
- The school food authority <u>may</u> choose to accommodate a student with a **non-disabling special dietary need** that is supported by a statement signed by a **recognized medical authority** (physician, physician assistant or nurse practitioner).
- The school food authority <u>may</u> choose to make a milk substitution available for students with a **non-disabling special dietary need**, such as milk intolerance or for cultural or religious beliefs. If the school food authority makes these substitutions available, the milk substitute must meet nutrient standards identified in regulations. If available, this will be indicated in Part 2. A parent/guardian or **recognized medical authority** (physician, physician assistant, or nurse practitioner) may complete this section. If this is the only substitution being requested, complete Part 1 and 2 only.

Part 1: To be completed by Parent/Guardian (all requests for special dietary needs)				
Child's Name		Date of Birth	M F	
Name of School/Center/Program		Grade Level/Classroom		
Parent's/Guardian's Name		Address, City, State, Zip Code		
( ) Home Phone	( ) Work Phone			
Part 2: Request for milk substitution for non-disabling special dietary needs only  Bremen City Schools provides a milk substitute that is compliant with the milk requirement for reimbursable school meals to students with non-disabling or other special dietary needs when Part 2 is completed by Medical Authority or Parent/Guardian and approved by Bremen City Schools. Water is also available for all students.				
Does the child have a non-disabling medical or special dietary need that restricts intake of fluid milk? Yes No List medical or special dietary need (e.g., lactose intolerance or for cultural or religious beliefs):				
Medical Authority or Parer	nt/Guardian Signature:	Date:		
Part 3: To be completed by Physician/Medical Authority  Disability/Special Dietary Needs				
Does the child have a <b>disability</b> ? Yes No lease identify the disability and describe the major life activities affected by the disability.				
Does the child's disability affect their nutritional or feeding needs? Yes ☐ No ☐				
If the child <b>does not have a disability*</b> , does the child have special nutritional or feeding needs? Yes No (*These accommodations are optional for schools to make)  If <b>Yes</b> , please identify the medical or other special dietary condition which restricts the diet.				
If the child has a disability or special dietary/feeding need, please complete Part 4 of this form and have it signed and stamped with the office name and address of a licensed physician/recognized medical authority.				
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Part 4: To be completed by Physician/Medical Authority					
<u>Diet Order</u>					
List any dietary restrictions, such as food allergies or intolerances (list spec	cific foods to be omitted):				
List specific foods to be substituted (substitution cannot be made unless se	ection is completed):				
List foods that need the following change in texture. If all foods need to be prepared in this manner, indicate "All."					
Cut up/chopped into bite sized pieces:					
Finely Ground:					
Pureed:					
List any special equipment or utensils needed:					
Indicate any other comments about the child's eating or feeding patterns:					
indicate any other comments about the crima's eating or recalling patterns.					
Physician/Medical Authority Printed Name and Office Phone Number	Address or Office Stan	np			
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Physician/Medical Authority's Signature	Date				
1 Hysician/medical Admonty 5 dignature	Date				
Part 5: Parent Signature	Date				
Part 6: School Nutrition Program Director Signature	Date				
Hoolth Incurence Devicebility and Accountability Act Waiver					
Health Insurance Portability and Accountability Act Waiver In accordance with the provisions of the Health Insurance Portability and Accountability Act of 1996 and the Family Educational					
Rights and Privacy Act, I hereby authorize(medical authority) to release such protected health information of my child as is necessary for the specific purpose of Special Diet information to					
(school/program) and I consent to allow the physician/medical authority to					
freely exchange the information listed on this form and in their records concerning my child with the school 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 my child. I understand that permission to release this information may be rescinded at any time except when the					
information has already been released. 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 official representative of the person listed on this document and					
has the legal authority to sign on behalf of that person.					
Parent/Guardian Signature: Date:					
(Signing this section is optional, but may prevent delays by allowing us to speak with the physician)					
Please have parent/guardian review form annually and initial/date if no changes are required. Any changes require submission of a new form signed by the Physician/Medical Authority.					
Parent confirmed no change in diet order Date	Date	Date			
Date Date Date	Date	Date			

A copy of this form should be kept by the School Nutrition Manager and the Nurse. FERPA allows school nurses to share student's medical information regarding dietary needs with school nutrition services.