



# Vista Charter Public Schools

## SPECIAL DIET MEAL REQUEST

### PROCEDURE FOR REQUESTING A SPECIAL DIET MEDICAL STATEMENT TO REQUEST A SPECIAL DIET

#### Procedure for Requesting Special Diets

Special diets are provided when the following criterion is met:

- ❖ The student has a disability or medical condition that limits a major life activity such as breathing or learning; or
- ❖ The student has a food allergy that results in a reaction that is life-threatening and/or severely impacts his/her ability to function in school.

Any student requiring a special diet must have a Special Diet Request Form completed annually. Special diets will not be continued from one year to the next without an updated form and evaluation by the Nutrition Specialist.

\***Note:** Special diets are not provided to accommodate personal preferences or religious convictions. Food items that meet student's dietary requirements are available and students are encouraged to select these items from the menu.

#### PROCEDURE FOR REQUESTING A SPECIAL DIET

#### CAFETERIA MANAGER

1. Obtain a *Medical Statement to Request a Special Diet* (see accompanying "Form").
2. Fill in all information in the second bolded and boxed area (**#7 through #15**) of the *Form*.
3. Make copies and give to the parent/legal guardian requesting a special diet for their child.
4. Review with the parent/legal guardian the following steps he/she must complete:
  - Complete the first bolded and boxed area at the top of the *Form* (**#1 through #6**).
  - Have a **licensed physician** complete the remainder of the *Form* (**#16 through #27**).
  - Return the completed *Form* to the Cafeteria Manager.
5. When you receive the *Form* back, make sure **all** information requested is complete and legible. Check for **parent/legal guardian and physician signatures, date** and whether the physician checked off a box in **#16**. If **any** information is missing, return the *Form* to the parent/legal guardian for completion.

The modified special diet and/or guidelines will be sent to the Cafeteria Manager in as timely a manner as possible. The Cafeteria Manager must provide a copy of the special diet information to the parent/guardian, school nurse, and keep a copy on file for audit/information purposes. As long as the Form, approved by a Nutrition Specialist, is on file, all special diet meals are reimbursable, regardless of the number of menu components selected. The Cafeteria Manager will be informed if and why a particular special diet request is denied.

## MEDICAL STATEMENT TO REQUEST A SPECIAL DIET

| <b>Parent/Guardian: Complete Items 1 - 6 (Padre/tutor: Compleata cajitas 1-6) (* = Required)</b> |   |  |  |
|--|---|--|--|
| <b>1)*Student's Last Name</b><br><i>(Apellido)</i>   | <b>1a)*First Name</b><br><i>(Nombre del estudiante)</i>                                   | <b>2)*Date of Birth</b><br><i>(Fecha de nacimiento)</i>  | <b>3)*Circle Meals Eaten at School</b><br><i>(Circule las comidas que su niño/a come en la escuela)</i><br><b>Breakfast Lunch Snack</b><br><i>(Desayuno) (Amuerzo) (Bocadillo)</i> |
| <b>4)*Parent/Guardian Signature</b><br><i>(Firma del Padres/Tutor)</i>                           | <b>5)*Print Name of Parent</b><br><i>(Escriba en letra de molde el nombre del padres)</i> | <b>6)*Parent Phone Number(s)</b><br><i>(Numero(s) de telefono del padres)</i><br>Home (Casa): (    ) _____<br>Cell (Celular): (    ) _____ |  |

| <b>Cafeteria Manager: Complete Items 7 – 15 (* = Required)</b>               |                             |  |
|--|-----------------------------|--|
| <b>7)*School Name</b> (Include EEC name, if applicable) / <b>Loc. Code #</b> | <b>8)*District #</b>        | <b>9)*Check Site Type:</b> <input type="checkbox"/> Prep <input type="checkbox"/> NNC<br><b>*Year Round School:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>10)*School Phone</b>  | <b>11) School Fax #</b>     | <b>12)School Nurse</b>   |
| <b>13)*Cafeteria Manager (CM)</b>  | <b>14)*CM Email Address</b> | <b>15)*Cafeteria Phone #</b>   |

| <b>PHYSICIAN ONLY: Complete Items 16 – 27 (* = Required)</b>  |                                     |  |
|---|-------------------------------------|--|
| <b>16)* Does the student have a disability, medical condition or severe food allergy warranting a special diet?</b><br><u>The disability or medical condition must limit a major life activity such as breathing or learning, and the food allergy must result in a reaction that is life-threatening and/or severely impacts the student's ability to function in school.</u><br><b>YES</b> If "YES", continue to complete the remainder of this form.<br><b>NO</b> If "NO", STOP HERE. <b><u>A SPECIAL DIET IS NOT WARRANTED.</u></b> |                                     |  |
| <b>17)* List Disability, Medical Condition, or Severe Food Allergy:</b> Also provide a brief description of the <b>major life activity</b> (e.g. breathing, learning) affected by the disability or <b><u>severe and/or life-threatening reaction</u></b> resulting from the food allergy.<br>_____<br>_____<br>_____   |                                     |  |
| <b>18)*Diet Prescription:</b> <i>(For carbohydrate or protein restrictions, include the level allowed for each meal)</i><br>_____<br>_____<br>_____   |                                     |  |
| <b>19) Food Allergies: Indicate sensitivity level of the food(s) the child is allergic to:</b><br>Omit <b>all</b> sources of this food <b>OR</b> <input type="checkbox"/> Omit <b>major</b> sources of this food (small amounts are tolerated: [Example: milk or egg in breading or batter on chicken])   |                                     |  |
| <b>20) Food(s) to be Omitted and Suggested Substitutions:</b>   |                                     |  |
| <b>Food(s) to Omit</b>  | <b>Suggested Substitution(s)</b>    |  |
| _____   | _____                               |  |
| _____   | _____                               |  |
| _____   | _____                               |  |
| _____   | _____                               |  |
| <b>21) Texture Modification:</b> If needed, circle <b>one</b> appropriate for the student: <b>CHOPPED</b> <b>GROUND</b> <b>PUREED</b>   |                                     |  |
| <b>22)*Physician's Signature</b>  | <b>23)*Physician's Printed Name</b> | <b>24)*MD Medical License #</b>                                    |
| <b>25)*MD Phone Number</b>  | <b>26)*Date</b>                     | <b>27) Name/Phone # of Registered Dietitian following student:</b> |