

## Dear Parent.

If your child will require a special diet or will need the school meal to be modified due to a medical condition, please complete the Medical Statement for Students Requiring Special Meals (see second page). This form is required before we can provide your student with anything other than the standard school meal.

P (531) 299-0230

(531) 299-0416

Required information includes:

- A description of the child's physical or mental impairment that restricts the diet.
- List of food allergies.
- The food or foods to be omitted from the child's diet and the foods which need to be substituted.

Please ensure that detailed diet information is provided on the medical statement. This information is necessary to ensure your student is provided with the foods which are appropriate to their specific dietary needs. For example, if your student cannot have milk, we need to know if they cannot have milk to drink, if they need to avoid lactose-containing foods, or if they must avoid all foods containing dairy products.

To ensure our kitchen staff are adequately informed and prepared to accommodate your student's special diet, please allow 5 days to implement the diet plan. Advanced notice regarding your student's dietary needs is appreciated.

Please complete the Medical Statement for Students Requiring Special Meals form and turn it into your school's health office or fax it to Nutrition Services at (531) 299-0416. Feel free to contact Taylor McIntyre at (531) 299-3741 (taylor mcintyre@ops.org), or Donelle Thomas at (531) 299-9959 (donelle.thomas@ops.org) for more information on how we can better meet your student's special diet needs.

Nutrition Services can **NOT** accept a note from a physician on a prescription pad or office letterhead as it does not contain the required information or signatures.

If your child's diet changes for any reason, please make sure that the Medical Statement for Student's Requiring Special Meals is either retracted or removed from the health office. It is the policy of Omaha Public Schools, Nutrition Services to follow any medical documentation that is on file. Nutrition Services understands that a student's diet may change. However, unless new documentation is received, the original Medical Statement for Students Requiring Special Meals will be followed.

Please visit the Omaha Public Schools website at www.ops.org, click on "Students and Families" then "Nutrition Services" for more information regarding school meals.

Thank You.

Non-Discrimination Statement:

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 (including gender identity and sexual orientation), 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. 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.

This institution is an equal opportunity provider.



## MEDICAL STATEMENT FOR STUDENTS REQUIRING SPECIAL MEALS

Nutrition Services Department | Omaha Public Schools

This statement **MUST** be updated when there is a change to the diet order.

Name of Student:	me of Student: Date of Birth:		
Parent / Guardian's Name:		Student ID #	
Parent / Guardian's Phone: School:			
TO BE COMP Description of student's physical or mental imp	LETED BY HEALTH CARE PROI pairment that restricts the diet, including		
Student's Diagnosis or Condition:  Does the student have a physical or mental important potential for severe allergic reactions (anaph	pairment that restricts the diet, the Inc nylaxis to food)?	dividualized Educati	on Program (IEP) Plan,
Diet Prescription:			
Food Allergy or Intolerance (describe): Is this allergy life-threatening? Yes	No 🗆		
For <b>MILK</b> related allergies or intolerances, pleat Lactose-containing foods  Milk to Milk Alternate: Soy Milk Lactos	drink  All products c	ontaining dairy	
For <b>EGG</b> Allergies, please select below:  All egg-containing products   Raw E	Egg (Baked eggs are allowed)		
Foods to be Omitted	Substitutions	F	Require
Indicate Texture: Regular ☐ Solution S	Mildly Thick   Moderate		Pureed  Extremely Thick
individual with a disability is described under Section 504 of the	udents with a disability. For students without a medical diet rel	ated disability a licensed physic MNT), or a chiropractic physicia DA) as a person who has a phys	ian or recognized medical In may sign the form. An sical or mental impairment
Physician/Medical Authority Signature	e* Phone Numb	er	Date
Signature of Preparer or Other Contact	Phone Numb	oer	Date
I give permission for the school/agency pe information with employees in order to accompliant I hereby give permission for the school Yes □ No □	nmodate this food modification request	for meals and other	
Parent or Guardian's Signature	Date		
Parent or Guardian's Email	Student ID #	Parent/Guar	dian's Phone