

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 Student's Requiring Special Meals (see back of page). This form is required before we can provide your student with anything other than the standard school meal.

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 food or choice of foods that need to be substituted.

Please ensure the detailed diet information is provided on the medical statement stating the level of omission of the food allergen or foods that your child is intolerant to. This information is necessary to ensure your student be provided with the foods that are appropriate to their specific dietary restrictions. For example, if your student cannot have milk we need to know if they cannot have milk to drink or if they cannot have any milk or dairy products at all in their diet.

To ensure our kitchen staff are adequately informed and prepared to accommodate your student's special diet please allow 5 days to implement your child's diet into the school meal program. As much advanced notice about a student needing a special diet is appreciated.

Please complete the Medical Statement for Student's Requiring Special Meals form and turn it into your schools health office or fax it to Nutrition Services at 531-299-0416. Feel free to contact Sara Matras at 531-299-3733 or at sara.matras@ops.org in Nutrition Services for more information on how we can better meet the special diet needs of your student.

We cannot 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. We understand student's diets do change, but until further documentation is received the original Medical Statement for Students Receiving special meals will be followed.

Please visit the Omaha Public Schools Website at district.ops.org, click on "Parents" then "Lunch Menus" for more information regarding school meals.

Thank you.

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[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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MEDICAL STATEMENT FOR STUDENTS REQUIRING SPECIAL MEALS

Nutrition Services Department · Omaha Public Schools

This Statement **MUST** be updated when there is a change in the diet order.

Name of Student: _____ Student's Birth Date: _____

Parent Name: _____ Student's Grade: _____ Student ID #: _____

Parent Telephone: _____ Attending School: _____

Description of student's physical or mental impairment that restricts the diet, including allergies.

TO BE COMPLETED BY HEALTH CARE PROFESSIONAL

Child's Diagnosis or Condition: _____

Does the child have a physical or mental impairment that restricts the diet, an Individualized Education Program (IEP) Plan, or potential for a severe allergic reaction (anaphylaxis) to food? Yes ☐ (MD must sign form) No ☐ (Alternate health care professional may sign) *

For Physician's Use

Diet Prescription (check all that apply):

- ☐ Diabetic: carbohydrate level _____ (attach meal plan) ☐ Modified Texture and/or Liquids
- ☐ Calorie-Controlled: calorie level _____ ☐ Other (describe): _____
- ☐ Food Allergy (describe): _____
- Is this a life-threatening allergy? Yes ☐ No ☐
- ☐ Food Intolerance Type: _____
- ☐ Soy Milk or ☐ Lactose Free Milk (parent may select)
- ☐ Parent may review menu in advance and select the child's meals from regular foods provided at school.

Food(s) Omitted and Substitutions:

Use space to list specific food(s) to be omitted and food(s) that may be substituted. Attach an additional sheet if necessary. Substitutions are considered optional unless checked.

Foods to be Omitted

Substitutions

Require

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Indicate Texture: ☐ Regular ☐ Chopped ☐ Ground ☐ Pureed

Indicate thickness of liquids: ☐ Regular ☐ Nectar ☐ Honey ☐ Pudding

☐ Special Feeding Equipment _____

Additional Comments: _____

I certify that the above named student needs special school meals as described above, due to the student's physical or mental impairments.

* A licensed physician's (MD or DO) signature is required for students with a disability. For students without a medical diet related disability a licensed physician or recognized medical authority [physician's assistant (PA), or advanced registered nurse practitioner (ARNP), licensed medical nutrition therapist (LMNT), or a chiropractic physician] may sign the form. An individual with a disability is described under Section 504 of the Rehabilitation Act and the Americans with Disability Act (ADA) as a person who has a physical or mental impairment that substantially limits one or more "major life activities", including the education day and has a record of such impairment, or is regarded as having such an impairment.

Physician/Medical Authority Signature * _____ Telephone Number _____ Date _____

Signature of Preparer or Other Contact _____ Telephone Number _____ Date _____

I give permission for the school/agency personnel responsible for implementing my child's prescribed diet order to share information with employees in order to accommodate this food modification request for meals and other activities involving food. Yes ☐ No ☐

I hereby give my permission for the school staff to follow the above stated nutrition plan.

Parent's Signature _____ Date _____

Email Contact of Parent _____ Student ID # _____ Parent Primary Phone # _____