

January 07, 2014

County Foods Service Directors  
RCCI and Private School Sponsors  
CACFP Sponsors and Institutions  
FDCH Sponsors  
SFSP Sponsors

**Special Dietary Needs Physician's Medical Statement**

The West Virginia Department of Education recommends that sponsors of child nutrition programs accommodate participants with special dietary needs. A special diet is any change to the regular menu. It is important that public and private schools, child and adult care centers, residential child care institutions, family day care homes and summer food programs provide special diets as prescribed by the appropriate recognized medical authority. It is important to communicate with the medical authority to ensure appropriate restrictions are followed. A team should be created to effectively communicate the needs of each participant requiring a special diet at the site level. The team should include all involved parties such as program sponsor or designee, director, principal, nurse, aide, parent, child, food service staff, registered dietitian, etc. The parent or guardian and the participant should always be included as a member of the team. The team members should be notified of any changes as prescribed by the licensed physician or recognized medical authority. It is recommended that those receiving the medical statement inform the appropriate personnel to ensure that they are aware of and understand their role and responsibilities.

Enclosed you will find the medical statement, the parent letter, the letter to the physician, Release of Information Statement and Children with Disabilities and Special Dietary Needs Definitions.

If you have further questions, please contact Celeste Peggs, MS, RD, LD at 304-558-3396 or e-mail [crpeggs@access.k12.wv.us](mailto:crpeggs@access.k12.wv.us).

Sincerely,



Richard J. Goff, Executive Director  
Office of Child Nutrition  
West Virginia Department of Education

Enclosures  
RJG:CP:twp

January 07, 2014

Dear Parent or Guardian of Persons Requiring Special Diets:

The West Virginia Department of Education requires a completed medical statement to be submitted to the sponsoring agency for any child requiring a special diet. Sponsors of Child Nutrition Programs are committed to providing meals that meet the nutrition needs of those children whom they serve, including individuals having disabilities requiring special diets. In order to modify meals to meet such needs, federal regulations require that sponsors have on file a medical statement signed by a licensed physician (MD, DO). This statement helps to ensure that the physician's orders are clearly communicated and carried out by the program sponsor. The parent/guardian's signature must also be on the medical statement. In addition, the parent/guardian may sign a Release of Information Statement that would give medical authorities the permission to release information about your child's special diet. Please read and sign the Release of Information Statement on the back of this letter. Definitions of disability and other special dietary needs are listed on the back of the medical statement form.

Program sponsors may also provide modified meals to non-disabled individuals whose medical conditions require special diets. Substitutions to the regular diet may be provided on a case-by-case basis. For non-disabled children, the required medical statement may be signed by a physician or other recognized medical authority. These authorities include medical doctor (MD), doctor of osteopathic medicine (DO), nurse practitioner (CRNP) or physician's assistant (PA).

Enclosed you will find the medical statement, the letter to the physician, Release of Information Statement, and Children with Disabilities and Special Dietary Needs Definitions. You may also obtain a copy of these forms, by contacting the sponsoring agency. If you need additional guidance, please contact Celeste Peggs, MS, RD, LD, Coordinator, at the Office of Child Nutrition at 304-558-3396 or [crpeggs@access.k12.wv.us](mailto:crpeggs@access.k12.wv.us).

Sincerely,



Richard J. Goff, Executive Director  
Office of Child Nutrition  
West Virginia Department of Education

RJG:CP:twp

## Release of Information for Special Diets

The following child is a participant in one of the United States Department of Agriculture (USDA) programs: National School Lunch Program School Breakfast Program, After-school Snack Program, Summer Food Service Program or the Child and Adult Care Food Program. USDA regulations 7CFR Part 15B requires substitution or modifications in school/program meals for children whose disabilities restrict their diets. A child with a disability must be supplied substitutions in foods when that need is supported by a statement signed by a licensed physician. Food allergies which may result in severe, life-threatening (anaphylactic) reaction, also meet the definition of "disability", and the substitutions prescribed by the licensed physician/medical authority would be made.

**Part 1: To be completed by Parent/Guardian**

Child's Name:	
Name of School/Center/Program:	
Parent's/Guardian's Name:	
( ) Home Phone	( ) Work Phone
Address	
City, ST ZIP Code	

Date of Birth:	M	F
Grade Level/Classroom:		
<p>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 (<i>Physician's name</i>)</p> <p>_____</p> <p>_____</p> <p>to release such protected health information of my child as is necessary for the specific purpose of Special Diet information to _____ (<i>Insert School/Program Name</i>) 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 _____ (<i>Insert date</i>)</p> <p>This information is to be released for the specific purpose of Special Diet information.</p> <p>The undersigned certifies that he/she is the parent; guardian or representative of the person listed on this document and has the legal authority to sign on behalf of that person.</p> <p>Parent/Guardian Name: Print: _____</p> <p>Parent/Guardian Name: Signature: _____</p> <p>Date: _____</p>		

January 7, 2014

Dear Physician:

In order to provide a special diet for your patient, the West Virginia Department of Education requires a medical statement to be completed and submitted to the sponsoring agency. The information provided through the medical statement will assist the child nutrition program in making the necessary modifications to the regular site menu. If you have additional information necessary for the preparation or delivery of the special diet, please attach it to the special dietary needs medical statement. If an individual is referred to a dietitian, please indicate that information on the attached medical form.

The parent/guardian may sign a Release of Information Statement that would give medical authorities the permission to release information about their child's special diet. This form will be included with the parent's letter.

Child nutrition program regulations require agencies sponsoring these federal child nutrition programs to provide modified diets for individuals with disabilities when prescribed by a licensed physician (MD and DO). These regulations state that sponsoring agencies may also provide modified diets to non-disabled individuals when supported by a completed medical statement by a recognized medical authority. A recognized medical authority is defined by the West Virginia Department of Education as a medical doctor (MD), doctor of osteopathic medicine (DO), nurse practitioner (CRNP) or a physician's assistant (PA). More information regarding disabilities is listed on the attached medical form.

Enclosed you will find the medical statement, Release of Information Statement and Children with Disabilities and Special Dietary Needs Definitions. The West Virginia Department of Education appreciates your assistance and cooperation in helping better meet the dietary needs of your patients. Should you have questions or need information, please contact the sponsoring agency. If additional guidance is needed, please contact Celeste Peggs, MS, RD, LD, Coordinator, Office of Child Nutrition at 304-558-3396 or [crpeggs@access.k12.wv.us](mailto:crpeggs@access.k12.wv.us).

Sincerely,



Richard J. Goff, Executive Director  
Office of Child Nutrition  
West Virginia Department of Education

RJG:CP:twp

## SPECIAL DIETARY NEEDS MEDICAL STATEMENT

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ School \_\_\_\_\_ County \_\_\_\_\_ WVEIS# \_\_\_\_\_

\* Does this patient have a disability that affects her/his diet? Yes or No Diagnosis \_\_\_\_\_

\* Does this patient have a non-disabling medical condition that affects his/her diet? Yes or No Diagnosis \_\_\_\_\_

Did you refer this patient's family to receive diet education? Yes or No

If yes, to whom: MD RN RD CDE Name \_\_\_\_\_ Phone \_\_\_\_\_

Diet Information sent to: School Nurse School Cook Child Nutrition Director Principal Other

**PLEASE MARK ONLY THE AREAS THAT APPLY:**

Schools or sites may make substitutions for individuals with a non-disabling medical condition who are unable to consume the regular meal because of medical or other special dietary needs.

**FOOD ALLERGIES:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**SUBSTITUTIONS MUST BE LISTED**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**CALORIC REQUIREMENTS:** Please indicate the calories for each meal provided at school.

Daily Total	Breakfast	Lunch	Snack
1200	_____	_____	_____
1500	_____	_____	_____
1800	_____	_____	_____
2000	_____	_____	_____

**SODIUM RESTRICTION** (Specify Milligrams): \_\_\_\_\_

**CARBOHYDRATE COUNTING** (Specify Grams):

Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_

**OTHER RESTRICTIONS:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**TEXTURE CONSISTENCIES** for swallowing or chewing difficulties

<p><b>SOLIDS</b></p> <p><input type="checkbox"/> Regular Chopped</p> <p><input type="checkbox"/> Mechanical soft with ground meat</p> <p><input type="checkbox"/> Mechanical soft with chopped meat</p> <p><input type="checkbox"/> Pureed</p>	<p><b>LIQUIDS</b></p> <p><input type="checkbox"/> Regular Consistency</p> <p><input type="checkbox"/> Honey Consistency</p> <p><input type="checkbox"/> Nectar Consistency</p> <p><input type="checkbox"/> Pudding Consistency</p>
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**NUTRITIONAL SUPPLEMENTS TO BE PROVIDED AT SCHOOL OR SITE** ( for Breakfast and Lunch Only) Please specify amount and frequency of feeding

Oral Feedings/Tube Feedings \_\_\_\_\_

\*Additional Comments: \_\_\_\_\_

### Disability

- If an individual with a disability requires a special diet, the United States Department of Agriculture requires a medical statement form completed and signed by a licensed physician: medical doctor (MD) or doctor of osteopathic medicine (DO). An updated medical statement must be provided annually or when any change is prescribed.

### Non-Disabled Medical Condition

- If an individual has a medical condition requiring a special diet and is medically certified, the school food service **may** make substitutions to the regular diet on a case by case basis. A medical statement is required and must be completed by a medical doctor (MD), doctor of osteopathic medicine (DO), physician's assistant (PA), or nurse practitioner (ANP) and include substitutions to the regular menu. An updated medical statement must be provided annually or when any change is prescribed.

\* See Attached Definitions.

**Sign Here:**

Provider Name & Title (print) \_\_\_\_\_

Signature, Credentials \_\_\_\_\_ Date \_\_\_\_\_

Provider Phone \_\_\_\_\_

Parent/Guardian Name (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Phone \_\_\_\_\_

## Children with Disabilities and Special Dietary Needs

### DEFINITIONS OF DISABILITY AND OF OTHER SPECIAL DIETARY NEEDS

**Rehabilitation Act of 1973** and the **Americans with Disabilities Act** Under Section 504 of the *Rehabilitation Act of 1973*, and the *Americans with Disabilities Act (ADA)* of 1990, a "person with a disability" means any person who has a physical or mental impairment which substantially limits one or more life activities, has a record of such an impairment, or is regarded as having such an impairment. The term "physical or mental impairment" includes many diseases and conditions, a few of which may be:

Orthopedic, visual, speech, and hearing impairments;	Metabolic diseases, such as diabetes or phenylketonuria (PKU)
Cerebral palsy;	Heart disease
Epilepsy;	Food anaphylaxis (severe food allergy)
Muscular dystrophy;	Mental retardation;
Multiple sclerosis	Emotional illness
Cancer	Drug addiction and alcoholism
Specific learning disabilities	HIV disease
Tuberculosis	

Please refer to the Acts noted above for a more detailed explanation. Major life activities covered by this definition include caring for one's self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

**Individuals with Disabilities Education Act** The term child with a "disability" under Part B of the *Individuals with Disabilities Education Act (IDEA)* means a child evaluated in accordance with IDEA as having one or more of the recognized thirteen disability categories and who, by reason thereof, needs special education and related services. IDEA recognizes thirteen disability categories which establish a child's need for special education and related services. These disabilities include:

Autism	Deaf-blindness
Deafness or other hearing impairments	Mental Retardation
Orthopedic impairments	Emotional disturbance
Specific learning disabilities	Speech or language impairment
Traumatic brain injury	Multiple disabilities
Other health impairments due to chronic or acute health problems, such as asthma, diabetes, nephritis, sickle cell anemia, a heart condition, epilepsy, rheumatic fever, hemophilia, leukemia, lead poisoning, tuberculosis	Visual impairment; including blindness, which adversely affects a child's educational performance.

Attention deficit disorder or attention deficit hyperactivity disorder may fall under one of the thirteen categories. Classification depends upon the particular characteristics associated with the disorder and how the condition manifests itself in the student, which determines the category. The Individualized Education Program or IEP means a written statement for a child with a disability that is developed, reviewed and revised in accordance with the IDEA and its implementing regulations. The IEP is the cornerstone of the student's educational program that contains the program of special education and related services to be provided to a child with a disability covered under the IDEA.

#### Physician's Statement for Children with Disabilities

USDA regulations 7 CFR Part 15b require substitutions or modifications in school meals for children whose disabilities restrict their diets. A child with a disability **must** be provided substitutions in foods when that need is supported by a statement signed by a licensed physician. The physician's statement must identify:

- The child's disability;
- An explanation of why the disability restricts the child's diet;
- The major life activity affected by the disability;
- The food or foods to be omitted from the child's diet, and the food or choice of foods that must be submitted.

#### Other Special Dietary Needs

The school food service **may** make food substitutions, at their discretion, for individual children who do not have a disability, but who are medically certified as having a special medical or dietary need. Such determinations are only made on a case-by-case basis. This provision covers those children who have food intolerances or allergies but do not have life-threatening reactions (anaphylactic reactions) when exposed to the food(s) to which they have problems.

**Reference: Accommodating Children with Special Needs: Guidance for School Foods Service Staff, United States Department of Food and Nutrition Service, Fall 2001; <http://www.fns.usda.gov/cnd/Guidance/default.htm>**

CP May 13, 2010