



Accommodating Children with Special Dietary Needs

As stated in the USDA's nondiscrimination regulation (7 CFR 15b) and regulations governing the National School Lunch Program, substitutions must be made to the regular meal for children with disabilities when directed by a licensed physician. Additionally, substitutions may be made 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 made on a case-by-case basis and 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.

Physician's Statement for Children with Disabilities

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:

- Child's disability
- Explanation of why the disability restricts the child's diet
- Major life activity affected by the disability
- Food(s) to be omitted from the child's diet, and the food or choice of foods that must be substituted

A sample form is available that schools can provide to a family for physician to complete.

For children with disabilities who only require modifications in texture (such as chopped, ground, or pureed foods), a licensed physician's written instructions indicating the appropriate food texture is recommended, but not required.

Medical Statement for Children with Special Dietary Needs

SFAs (the District) may make food substitutions, at their discretion, but it must be supported by a statement that explains the requested food substitution. It must be signed by a recognized medical authority. The medical statement must include:

- Identification of the medical or other special dietary condition which restricts the child's diet
- Food(s) to be omitted from the child's diet
- Food(s) to be substituted

SAMPLE FORMAT: Format may be modified and/or copied to meet specific School-Based Child Nutrition Programs record keeping needs. Do not return to Illinois State Board of Education.

**School-Based Child Nutrition Programs
PHYSICIAN STATEMENT FOR FOOD SUBSTITUTION**

| | | |
|--------------|-----|------|
| CHILD'S NAME | AGE | DATE |
|--------------|-----|------|

Dear Parent/Guardian:

This school participates in a federally-funded School-Based Child Nutrition Program and must serve meals and/or milk meeting program requirements. Reasonable food accommodations must be made when the accommodation being requested is due to a disability and supported by a physician's statement. Reasonable food accommodations may be made for children without disabilities who may still have special dietary needs; a medical statement may be required. If you are requesting a meal accommodation or substitution, please ask your physician to complete and sign this form. If you have any questions, please contact me at

School Phone Number

Sincerely,

Food Service Director/Contact

School Name

Address (Street)

Address (City, State, Zip Code)

PHYSICIAN STATEMENT

1. Does child have a disability according to 7 CFR Part 15b that requires food accommodation? (*Does he/she have a "physical or mental impairment which substantially limits one or more major life activities"?*)
 - No **If no, go to item 2 below.**
 - Yes **If yes, provide the following information and complete items 3, 4, and 5 below.**
 - a. What is the disability? _____
 - b. What major life activity is affected? _____
 - c. How does the disability restrict the diet? _____
2. Child has no disability but requires a special diet. Identify medical problem which restricts the child's diet and complete items 3, 4, and 5 below.
3. List food/type of food to be omitted. For the safety of the child, please be as specific as possible. A menu may also be developed and attached.
4. List food/type of food to be substituted. For the safety of the child, please be as specific as possible. A menu may also be developed and attached.
5. _____
Date Signature of Physician

FOR SCHOOL USE ONLY:

Form received on _____

Form complete and accommodations will begin on _____

Form complete, but accommodation will not be made. Child does not have a disability Request not reasonable

Form incomplete. Parent contacted on _____

Date Signature of Food Service Director/Contact