

REQUEST FOR SPECIAL MEALS AND/OR ACCOMMODATIONS

The Flagler County Schools Food and Nutrition Services provides modified meals, accommodations, and milk substitutions for children with special dietary needs due to a disability. Due to the complicated nature of some issues regarding feeding children with special dietary needs, all requests must be signed by a licensed physician (MD or DO) or a physician's assistant (PA) or an advanced registered nurse practitioner (APRN) and must be approved by the Food and Nutrition Services Dietitian, prior to any accommodations being made.

PARENT/GUARDIAN

A Parent/Guardian who wishes to request a special meal, accommodation, or milk substitution for their child, must complete the required steps below prior to the request being granted. Accommodations will be made on a case-by-case basis and are based on the Physician diagnosis as specified in the Medical Request for Special Meals and/or Accommodations Form. It is recommended that parents complete the required steps at least **3 weeks** prior to the start of school to ensure Food and Nutrition Services has everything in place to make the necessary accommodations. If there is a delay in obtaining the necessary documentation from the medical authority, parents are strongly encouraged to send a safe meal from home to ensure their child's needs are met.

IMPORTANT: Requests for special meals and/or accommodations must be renewed each school year

STEPS TO BE COMPLETED (Check upon completion)

STEP 1: Call Food and Nutrition Services at 437-7526 to schedule Initial appointment with the Dietitian

Initial Appointment Date: _____

STEP 2: Submit **Completed** Medical Request for Special Meals and/or Accommodations Form

Drop off form at the Flagler County Schools Food and Nutrition Services Office located at 1769 E Moody Blvd, Bldg. 2 Bunnell, FL 32110 between the hours of 8AM-4PM

STEP 3: The Food and Nutrition Services Dietitian will contact you to schedule your child's meal plan meeting and to go over the submitted Medical Request for Meal Substitution Form

Meal plan Appointment Date: _____

STEP 4: Submit a cancellation form when the student no longer requires an accommodation

Accommodation Cancellation Date: _____

Parent/ Guardian Signature: _____ Date: _____

FLAGLER COUNTY SCHOOLS MEDICAL REQUEST FOR SPECIAL MEALS AND/OR ACCOMMODATIONS

(Medical requests for special meals and/or accommodations must be renewed each school year)

1. Student's School	2. Student's Name	3. Date of Birth	
4. Parent/ Guardian Name		5. Parent/Guardian Contact Home: Cell/Work:	
6. Home Address		7. Parent/Guardian Email	
<p>I authorize this information to be shared with the school nurse and/or other administrative staff for purposes of implementing the diet prescription and to accommodate the student in all school activities. I also give permission for my child's medical authority to further clarify the diet prescription on this form if requested to do so by the district administrative staff.</p> <p>Parent/Guardian Signature: _____ Date: _____</p>			
<p>The remainder of this form must be completed by a State of Florida Licensed Medical Authority - physician (MD or DO) or a physician's assistant (PA) or an advanced registered nurse practitioner (APRN)</p>			
8. State the disability or medical condition requiring a special meal, accommodation, or fluid milk substitute (e.g., Celiac disease, food allergy or food intolerance)			
<p>* Does the disability or medical condition affect major life activities or major bodily functions? Select one of the following:</p> <p><input type="checkbox"/> This condition affects major life activities (included but not limited to caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working). This condition is a disability.</p> <p><input type="checkbox"/> This condition affects major bodily functions (including but not limited to functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions). This condition is a disability.</p> <p><input type="checkbox"/> This condition does not affect major life activities or major bodily functions. This condition is not a disability.</p>			
9. Provide a detailed Diet Prescription that meets the student's medical condition. The prescription must include foods to be omitted and substituted:			
<p><input type="checkbox"/> Foods to be omitted _____</p> <p><input type="checkbox"/> Foods to be substituted _____</p>			
10. As applicable, select the restricted food components as part of the student's diet prescription:			
<p><input type="checkbox"/> Milk – As a beverage (student will receive soymilk unless a soy allergy is present)</p> <p><input type="checkbox"/> Milk products – Such as cheese, ice cream, yogurt or as an ingredient in baked goods (e.g., muffins), entrees (e.g., pizza)</p> <p><input type="checkbox"/> Eggs – Whole egg: the white, and the yolk (e.g., hard-boiled, patty, or scrambled)</p> <p><input type="checkbox"/> Egg products – as an ingredient in baked goods, entrees, or breading (e.g., chicken nuggets)</p> <p><input type="checkbox"/> Wheat <input type="checkbox"/> Peanuts <input type="checkbox"/> Tree nuts <input type="checkbox"/> Fish <input type="checkbox"/> Shellfish <input type="checkbox"/> Soy</p>			
11. Indicate texture <input type="checkbox"/> Regular <input type="checkbox"/> Chopped <input type="checkbox"/> Ground <input type="checkbox"/> Pureed			
12. Signature of Medical Authority & Credentials		13. Printed Name	
		14. Telephone #	15. Date
16. Signature of Food and Nutrition Services Dietitian		17. Date parent notification letter sent of approved accommodation	
18. Signature of Cafeteria Manager		19. Date Diet Prescription Implemented	

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800)795-3272 or (202)720-6382 (TTY). USDA is an equal opportunity provider and employer."

Please retain a copy for your records

Cancellation Letter for Special Meals and/or Accommodations

Today's Date:

(Name, address, telephone # of Licensed Medical Authority)

Stefanie Braun, RD
1769 E Moody Blvd Bldg. 2
Bunnell, FL 32110
Tel: (386) 437-7526 ext. 1157

Effective (today's date) _____, please cancel the Medical Request for Special Meals and/or Accommodations for (student's name) _____ (dated on) _____. Based on my assessment and medical opinion of this student, he/she no longer requires any special meals and/or accommodations at this time.

A copy of this letter must be faxed to Stefanie Braun, RD, Food and Nutrition Services Dietitian at (386) 437-7570.

(Licensed Medical Authority Signature)

(Parent/Guardian Signature)