RICHMOND COUNTY BOARD OF EDUCATION

Richmond County School System
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School Nutrition Program
864 Broad Street - 2nd Floor
Augusta, Georgia 30901
Office: (706) 826-1122 – Fax: (706) 826-4647

Helen Minchew
President

Angela D. Pringle, Ed.D.
Superintendent of Schools

Kelly Schlein
Director of School Nutrition

Date: _____

Regarding Student: _____ School: _____

Dear Parent or Guardian:

You have made a request for meal modifications for the above named student. Please read the following regarding what the Richmond County School Nutrition Program can or cannot accommodate and the documentation that will be required.

A. If the request is for an accommodation because of a disability which affects a "major life activity" or a "major bodily function,"

1. the Medical Plan of Care for School Nutrition Program form (or written documentation with the same requested information) must be completed and provided to our office. All parts of the form EXCEPT Part 2 must be completed, and
2. the plan must specifically identify the disability, dietary restrictions and substitutions, any required changes of food texture, any special equipment or utensils needed, and any other direction regarding the feeding of the child and
3. the plan MUST be signed by a licensed physician and
4. the parent must sign in Part 5.
5. We request that the Health Insurance Portability and Accountability Act Waiver be signed so that we can discuss any requested accommodations with the physician or members of their office.

B. If the request is for an accommodation for a non-disability related issue that involves ONLY fluid milk,

1. the Medical Plan of Care for School Nutrition Program form (or written documentation with the same requested information) must be provided to our office. Complete Parts 1 and 2 and
2. the Parent/Guardian or a medical authority (physician, physician assistant, or nurse practitioner) may sign in Part 2 and
3. the parent/guardian must sign in Part 5.

NOTE: Richmond County School Nutrition Program will provide lactose free milk for students with lactose intolerance. In schools which have the Offer vs Serve meal option, milk is not required to be selected at meals. In schools which have traditional meal service, milk MUST be on a student's tray to complete a reimbursable meal. Unless the student has a disability (see Section A), milk (regular or lactose free) must be on the student's tray.

C. If the request is for an accommodation for a non-disability related issue OTHER than fluid milk,

1. the Medical Plan of Care for School Nutrition Program form (or written documentation with the same requested information) must be provided to our office. Complete Part 1, and
2. a medical authority (physician, physician assistant, or nurse practitioner) must complete Parts 3 and 4, and
3. the parent/guardian must sign in Part 5.
4. We request that the Health Insurance Portability and Accountability Act Waiver be signed so that we can discuss any requested accommodations with the physician or members of their office.

The Richmond County School Nutrition Program will work within established federal guidelines to accommodate dietary needs for students with identified disabilities. Requests for dietary accommodations for students with non-disabling dietary needs will be considered on a case by case basis to determine what our program can reasonably accommodate.

If an initial request is made by a parent/guardian for an accommodation that is not accompanied by the Medical Plan of Care, we will consider the request and identify what accommodation can be made for a period of no more than 7 calendar days. This will allow time for you to get the required documentation that we request. After that time period, we will not continue any accommodations without the proper documentation as requested on the Medical Plan of Care.

If you have questions regarding this matter, please call our office at 706-826-1122 and ask to speak with the coordinator for the student's school.

Sincerely,

Kelly Schlein
Director

Medical Plan of Care for School Nutrition Program
(Students with Disabilities and Non-Disabling Special Dietary Needs)

The following child is a participant in one of the United States Department of Agriculture (USDA) school nutrition programs.

- USDA regulations 7CFR Part 15B require substitutions or modifications in school nutrition program meals for children whose **disability** restricts their diet and is supported by a statement signed by a **licensed physician**. Food allergies which may result in a severe, life-threatening (anaphylactic) reaction may meet the definition of "disability."
- The school food authority may choose to accommodate a student with a **non-disabling special dietary need** that is supported by a statement signed by a **recognized medical authority** (physician, physician assistant or nurse practitioner).
- The school food authority may choose to make a milk substitution available for students with a **non-disabling special dietary need**, such as milk intolerance or for cultural or religious beliefs. If the school food authority makes these substitutions available, the milk substitute must meet nutrient standards identified in regulations. If available, this will be indicated in Part 2. A parent/guardian or **recognized medical authority** (physician, physician assistant, or nurse practitioner) may complete this section. If this is the only substitution being requested, complete Part 1 and 2 only.

Part 1: To be completed by Parent/Guardian (all requests for special dietary needs)

Child's Name	Date of Birth	M F
Name of School/Center/Program	Grade Level/Classroom	
Parent's/Guardian's Name	Address, City, State, Zip Code	
( ) Home Phone	( ) Work Phone	

Part 2: Request for milk substitution for non-disabling special dietary needs only

☐ School/school district does not make milk substitutes available to students with non-disabling special dietary needs. Do not complete Part 2. Water is available for all students.

☐ School/school district provides _____ as a milk substitute to students with non-disabling or other special dietary needs when Part 2 is completed by Medical Authority or Parent/Guardian and approved by the school/school district. Water is available for all students.

Does the child have a non-disabling medical or special dietary need that restricts intake of fluid milk? Yes ☐ No ☐
List medical or special dietary need (e.g., lactose intolerance or for cultural or religious beliefs):

Medical Authority or Parent/Guardian Signature:_____ Date:_____

Part 3: To be completed by Physician/Medical Authority

Disability/Special Dietary Needs

Does the child have a **disability**? Yes ☐ No ☐
If Yes,
Please identify the disability and describe the major life activities affected by the disability.

Does the child's disability affect their nutritional or feeding needs? Yes ☐ No ☐

If the child **does not have a disability***, does the child have special nutritional or feeding needs? Yes ☐ No ☐
(*These accommodations are optional for schools to make)
If Yes, please identify the medical or other special dietary condition which restricts the diet.

If the child has a disability or special dietary/feeding need, please complete Part 4 of this form and have it signed and stamped with the office name and address of a licensed physician/recognized medical authority.

Part 4: To be completed by Physician/Medical Authority

Diet Order

List any dietary restrictions, such as food allergies or intolerances (list specific foods to be omitted):

List specific foods to be substituted (substitution cannot be made unless section is completed):
List foods that need the following change in texture. If all foods need to be prepared in this manner, indicate "All." Cut up/chopped into bite sized pieces: Finely Ground: Pureed:
List any special equipment or utensils needed:
Indicate any other comments about the child's eating or feeding patterns:

Physician/Medical Authority Printed Name and Office Phone Number		Address or Office Stamp
Physician/Medical Authority's Signature		Date
Part 5: Parent Signature		Date
Part 6: School Nutrition Program Director Signature		Date

Health Insurance Portability and Accountability Act Waiver

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 _____ (medical authority) to release such protected health information of my child as is necessary for the specific purpose of Special Diet information to _____ (school/program) 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 _____ (date). This information is to be released for the specific purpose of Special Diet information.

The undersigned certifies that he/she is the parent, guardian or official representative of the person listed on this document and has the legal authority to sign on behalf of that person.

Parent/Guardian Signature:_____ Date:_____
(Signing this section is optional, but may prevent delays by allowing us to speak with the physician)

Please have parent/guardian review form annually and initial/date if no changes are required. Any changes require submission of a new form signed by the Physician/Medical Authority.

Parent confirmed no change in diet order. ____ Date _____ ____ Date _____ ____ Date_____

____ Date_____ ____ Date _____ ____ Date _____ ____ Date _____ ____ Date_____

A copy of this form should be kept by the School Nutrition Manager and the Nurse. FERPA allows school nurses to share student's medical information regarding dietary needs with school nutrition services.