



A PROUD TRADITION | A BRIGHT FUTURE

Accommodating Students with Dietary Needs

REQUIRED DOCUMENTATION

The Texas Department of Agriculture has set forth the following guidelines for accommodating children with special dietary needs.

A Physician's Request for Dietary Accommodations Form must:

- Be signed by a licensed physician.
- Identify the child's disability.
- Include an explanation of why the disability restricts the child's diet.
- Identify the major life activity affected by the disability.
- List the food or foods to be omitted from the child's diet and the food or choice of foods that must be substituted.

All requests must be on the Lamar CISD Physician's Request for Dietary Accommodations form located on the Lamar CISD Food Services website.

NOTE: Lamar CISD Food Services may make substitutions at our discretion on a case-by-case basis for students who do not have a disability but who are medically certified as having a special medical or dietary need. This provision covers those students 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.

This documentation must first be given to the school nurse who will then send it to the Food Services office. Dietary accommodations will be arranged once Food Services receives and processes the request. During high volume times of the year, it may take up to 2 weeks for accommodations to begin.

NOTE: Dietary accommodations that require the purchase of specific items may not be available immediately. It may take up to 4 weeks to receive the first delivery of special order.

FOR ADDITIONAL INFORMATION CONTACT

Kassandra Davls, RD, LD

Dietitian

Lamar CISD Food Services

Kdavis02@lcisd.org

Phone: 832-223-0188

Fax: 832-223-0187

DISTRIBUTION OF RESPONSIBILITY

Parents/ Guardians

- Provide a physician's request for dietary accommodations form to the school nurse, making sure that all information is completely filled out as listed on page 1.
- **NOTE:** *If the physician's order contains any statements requiring further clarification, special dietary accommodations will not begin until the physician provides further written clarification.*
- Provide updated physician's orders as necessary. Give the school nurse a written statement signed by the physician when accommodations are no longer needed. Dietary accommodations cannot be changed prior to receiving updated documentation from the physician.
- Work with the school nurse and food service dietitian to review and return modified menus as soon as possible.

NOTE: *Modified menus will not be implemented until approval is received. It is advised that parents/ guardians provide meals for their student until accommodations are in place.*

- Physician's diet orders must be renewed every school year. Please provide an updated Physician's statement to the school nurse during the summer, prior to the beginning of school. Remember that there may be a delay of up to 4 weeks if special purchases are required.

School Nurse

- Send the Physician's Request for Dietary Accommodations form to the Food Service Department Attention: Kasandra Davis, RD, LD by email: kdaivs02@lcisd or fax 832-223-0187.
- Serve as liaison between the Food Services Department and the parents/ guardians to gather required information and physician documentation.

Food Services

What we can do:

- Provide meals which to the best of our knowledge meet the physician's ordered dietary restrictions.
- Work with the parents/guardians and school nurse to adjust the diet as updated physician's orders are received.
- Post an alert on our Point-of-Sale System.
- Provide accommodations for non-disabled students with medical conditions on a case by case basis.

What we cannot do:

- Interpret, revise, or change a diet order for students with disabilities.
- Provide dietary accommodations for students without a valid medical condition.
- Provide dietary accommodations without the proper physician's documentation.
- Provide dietary accommodations for students seeking preference or religious requests.
- Provide fruit juice as a milk substitute for non-disability students.

Physician's Request for Dietary Accommodations

All sections must be **completely** filled out for this form to be accepted.

A. THIS SECTION TO BE COMPLETED BY PARENT/ LEGAL GUARDIAN

Student Name: _____ Date of Birth: ___/___/___ Student ID: _____
 Campus: _____ Grade: _____ School Year: _____
 Parent/Guardian Name (please print): _____ Phone: _____
 Email Address: _____
 Signature: _____ Date: _____

I/We, _____ (Parent/Guardian) of _____ (Student) do not wish to participate in the Food Allergy program.
 I/We release Lamar Consolidated Independent School District, including its officers and employees, from any liability arising from their negligent acts or omissions that are in any way related to my student's food allergy.

B. THIS SECTION TO BE COMPLETED BY LICENCED PHYSICIAN

Does the child have a disability? Yes No
 Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990, a "person with a disability" is any person who has a physical or mental impairment that substantially limits one or more life activities, has a record of such an impairment or is regarded as having such an impairment.
 If yes, please describe the major life activities affected by the disability: _____

Medical Diagnosis: _____

Check Foods to be Omitted:
 Peanuts Tree Nuts Soy All Soy Protein (oil, lecithin, etc.) Fish Shellfish
 Fluid Milk Fluid Milk & Dairy All Milk Protein (casein, whey, etc.) Egg Wheat
 Other (please be specific): _____

Can the student consume foods when the allergen is an ingredient in the food product? Yes No
 (example: scrambled eggs are omitted however egg as an ingredient in pancakes is allowed)
 Explain: _____

Texture Modification
 List foods that need the following texture modification. If all foods need to be prepared in this manner, indicate "ALL".
 Bite size pieces: _____ Finely chopped: _____ Pureed: _____
 Other (please be specific): _____

Clinic/ Facility Name: _____ Telephone: _____
 Address: _____
 Physician Name (please print): _____
 Physician Signature: _____

Send completed form to school nurse. Physician request forms *MUST* be renewed each school year. Any change or discontinuation must be submitted in writing by the physician. The Food Services Department may make food substitutions, at their discretion, for individual students who do not have a disability but who are medically certified as having a special medical or dietary need.

For questions about this form please contact LCISD Food Services Dietitian: **Kassandra Davis, RD, LD.** Phone: 832-223-0188, Fax 832-223-0187 or email kdavis02@lcisd.org

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