



Instructions for Special Dietary Needs Form

Food & Nutrition Services (FNS) will make modifications and substitutions to the regular school meals for a student with a disability that restricts his/her diet. **The Special Diet Prescription Form** must be completed and signed by appropriate party before the school cafeteria can provide any modifications or substitutions. The completed form must be sent back to the school cafeteria to be put on file. The school cafeteria staff or elementary production manager will then prepare the special meal along with the other meals being served daily.

FNS will try to accommodate special dietary needs for students without a disability. However, USDA regulations state that the school is not required to serve special meals to all children with diet restrictions. Such determinations are made on a case-by-case basis by the FNS Dietitian, and must be supported by this Special Diet Prescription Form signed by a **PHYSICIAN**. In addition, children with religious/ethnic dietary needs must also fill out this form and it must be signed by a **PARENT/GUARDIAN**. Below are the 2 categories for requiring special meals and the required signatures for each category.

1.) Disabilities:

Physician Signature Required

Orthopedic, visual, Speech/Swallowing problems, Emotional illness, food anaphylaxis (severe food allergy), physical/mental impairment, cancer, heart disease, PKU, celiac disease.

2.) Non-Disabled/Special Dietary Needs:

Physician Signature Required

Food intolerances, non-anaphylaxis food allergy, diabetes, obesity, high cholesterol.

Please fill out the form completely on the back side of this paper. For further information, including definitions of disabilities, other special dietary needs, and school responsibilities, please contact the FNS Dietitian April Liles, RD at 617-559-6319. Lilesa@whitsons.com or FAX to 617-559-6328.

Newton Public Schools Food Services Special Diet Prescription Form

After this form is returned to the school cafeteria manager, a special dietary note will be placed in the student's meal account. One form per student must be completed as needed. Please refer to the back side of this form for detailed instructions on how to properly fill it out.

Name of Student _____ Student Age _____ Grade _____

School Name _____ Teacher's Name _____

Section A

Does the student have a disability? Yes _____ No _____
If yes, describe the major life activities affected by this disability.

If yes, does the student have special nutritional or feeding needs? Yes _____ No _____
(If yes, complete Section C and Section E. Completion of this section will require a meeting between the parents, cafeteria manager and school RN/Health Clinician)
If yes, signature needed by Physician and parent/guardian in Section E.

Section B

If the student does not have a disability, does he/she have special nutritional or feeding needs?
Yes _____ No _____

If yes, complete Section C
If yes, signature needed by Physician and parent/guardian in Section E.

Section C

Provide the diet prescription: (attach a list of foods to be omitted and/or substituted, if needed)

List any allergies or food intolerances to avoid.

List foods that need to be modified in texture. If all foods need to be prepared in this manner, indicate "all."

Chopped/Ground/Pureed _____

Add any other comments regarding the student's eating or feeding patterns.

Section E

Parent Signature _____ Phone Number _____ Date _____

I certify that the above named student needs special school food as described above.

Physician's Signature _____ Phone Number _____ Date _____

