

Special Diet Statement

Institutions or organizations who sponsor and operate a federally funded Child Nutrition Program must make accommodations to meals and/or snacks on a case-by-case basis for participants who are considered to have a disability that restricts their diet: School Nutrition Program –7 CFR 210.10(m), Child and Adult Care Food Program – 7 CFR 226.20 (g), Summer Food Service Program – 7 CFR 225.16(f)(4). According to the ADA Amendments Act, most physical and mental impairments that substantially limit or affect one or more major life activities or bodily functions will constitute a disability.

Sponsors are not required to accommodate special dietary requests that do not constitute a disability, including requests related to religious or moral convictions or personal preference. If these requests are accommodated, sponsors must ensure that all USDA meal pattern and nutrient requirements are met.

This form must be completed by a licensed physician, physician assistant, or an advanced practice registered nurse, such as a certified nurse practitioner. Updates to this form are required only when a participant’s needs change.

Note to Districts/Schools: Parents/Guardians may provide a written request for lactose-reduced milk without a physician’s signature.

**Submit this completed special diet statement to: Laura Metzger -** **metzgerl@westonka.k12.mn.us**

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|  **Participant Information** |
|  Participant’s Full Name:      ***Last/First/Middle Initial*** |  Today’s Date:       |
|   Name of School:       |  Date of Birth:       |
|  Parent/Guardian Name:       |
|  Home Phone:       |  Work Phone:       |
|  Home Email:       |  Work Email:       |

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|  Required Information: Dietary Accommodation |
| 1. State the allergen or food to be avoided:
 |       |
| 1. Brief explanation of how exposure to this food affects the participant:

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| 1. 3. List specific foods to be omitted and substituted, if appropriate. Attach additional instructions as needed.
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| **Foods to be Omitted** | **Foods to be Substituted** |
|       |       |
|       |       |
|       |       |

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|  Additional Information |
|  [ ]  Texture Modification: [ ]  Pureed [ ]  Ground [ ]  Bite-Sized Pieces [ ]  Other:       |
|  [ ]  Tube Feeding Formula Name:       Administering Instructions:       |
|  Oral Feeding: [ ]  No [ ]  Yes If yes, specify foods:       |
| [ ]  Other Dietary Modifications or Additional Instructions (describe):       |

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| SignatureLicensed physician, physician assistant, or advanced practice registered nurse such as a certified nurse practitioner must sign and return a copy of this document. |
|  Prescribing Authority Credentials (print):       |  Today’s Date:       |
|   Signature:       |
|  Clinic/Hospital:       |
|  Phone:       |   Phone:       |

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|  Voluntary Authorization |
| Note to Parent(s)/Guardian(s)/Participant: You may authorize the director of the school/center/site to clarify this Special Diet Statement with the physician by signing the following Voluntary Authorization section:In accordance with the provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and the Family Educational Rights and Privacy Act I hereby authorize       **(physician/medical authority name)** to release such protected health information as is necessary for the specific purpose of Special Diet information to **Westonka Public School** and I consent to allow the physician/medical authority to freely exchange the information listed on this form and in their records concerning me, with the 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 me. I understand that permission to release this information may be rescinded at any time except when the information has already been released. Optional: 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 authorized representative of the participant listed on this document and has the legal authority to sign on behalf of that participant. |
|  Parent/Guardian:       |   Date:       |
|  OR Participant’s Signature (Adult Day Care):       |

**Non-Discrimination (Updated April 17, 2025)**
USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA
by:

mail:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW, Mail Stop 9410
Washington, D.C. 20250-9410;

fax:
202-690-7442; or

email:
Program.Intake@usda.gov.

This institution is an equal opportunity provider.