

7/2016

**Manitou Springs School District 14
Meal Modification Requests**

Date:

Dear Parent/Guardian:

Your child's school/site:

1. Will make meal modifications prescribed by a licensed physician, advanced practice nurse with prescriptive authority or physician assistant to accommodate a disability.
2. Will make meal modifications prescribed by a medical authority due to a food allergy/intolerance or other medical condition that does not rise to the level of a disability.
3. Will make substitutions for fluid cow's milk due to a food allergy/intolerance or for other reasons.

The Medical Statement for Disability-Site Meal Modification and Medical Statement to Request Meal Modification for your student under federal regulations, and procedures that apply to either an allergy/intolerance that rises to the level for disability (SD-1) or allergy/intolerance that does not rise to the level of disability (SD2).

Only the types of meal modifications explained in the first paragraph of this letter are applicable to your child's site.

To ensure the requested meal modifications can be made on the first day of school, return the completed medical statement by Date _____ to Paula Faucette at 110 Pawnee Ave. Manitou Springs Co. 80829.

If you are submitting a request for meal modification at a time other than the beginning of the school year, it will take approximately 2 weeks school days from the time the request is received until it can be implemented.

IMPORTANT: For a student who does not have a recognized disability, the only fluid cow's milk substitutions allowed by USDA are: (1) lactose-free fluid cow's milk (1% or skim) or (2) a non-dairy beverage with a nutrient profile equivalent to fluid cow's milk as specified in federal regulations.

If you have questions or need assistance, please call Paula Faucette at 719-685-2005.

Sincerely,

Paula Faucette
Food Service Director
Manitou Springs School District 14

This institution is an equal opportunity provider.

Manitou Springs School District 14

Medical Statement to Request Site Meal Modification

Important! Select the applicable meal modification category from the two listed below by checking the appropriate box. Then carefully read and follow the procedures for that category. The site will return incomplete Medical Statements to the parent/guardian. If you have questions about this form, the site contact named in Part A below will assist you.

1. **Modification due to a food allergy/intolerance, or other medical condition that does not rise to the level of a disability:**
- A site has the option to make meal modifications prescribed by a medical authority due to a food allergy/intolerance or other medical condition that does not rise to the level of a disability. See the definition of disability on the bottom of this form.
 - Part B of this form must be completed by a medical authority who is a licensed physician (MD or DO), physician's assistant (PA), or advanced practice nurse (APN).
 - Parts A and C of this form must also be completed before the site can make meal modifications.
 - If a site chooses to make the meal modifications, they will continue until a medical authority requests that the modifications be changed or stopped on Form SD-3, which is available from the site.
 - It is strongly recommended that a medical authority annually update the prescribed diet order.
2. **Substitution for fluid cow's milk due to lactose intolerance, allergy, religious, ethical or cultural reasons:**
- A site has the option to make a substitution for fluid cow's milk that is requested by a parent/guardian, but that is not prescribed by a medical authority.
 - Parts A and D of this form must be completed before the site can make a substitution for fluid cow's milk.
 - If a site chooses to provide such a substitution, they will continue until a parent/guardian requests that the substitution be changed or stopped on Form SD-3, which is available from the site.

Part A. Student, Parent/Guardian & Site Contact Information – To be completed by a parent/guardian or site contact person		
1. Student's Name:	2. Date of Birth:	3. Site:
4. Parent/Guardian's Name:	5. Parent/Guardian's Phone:	
6. Site Contact's Name:	7. Site Contact's Phone:	
Part B. Prescribed Diet Order – This part must be completed by a medical authority as specified above.		
1. Check:		
<input type="checkbox"/> Food allergy/intolerance or other medical condition that does not rise to the level of a disability.		
2. Specify the food allergy/intolerance or medical condition related to the prescribed diet order.		
3. Foods to be Omitted and Substituted:		
List specific foods to be omitted and substituted. If more space is needed, sign and attach additional sheet of paper.		
IMPORTANT: For a student who does <u>not</u> have a recognized disability, the only fluid cow's milk substitutions allowed by USDA are: (1) lactose-free fluid cow's milk or a (2) non-dairy beverage with a nutrient profile equivalent to fluid cow's milk as specified in federal regulations. Currently the only beverages meeting these specifications are certain brands of soymilk.		
Omit Foods Listed Below:	Substitute Foods Listed Below:	

4. Medical Authority's Information		
Signature:		Title:
Printed Name:	Phone:	Date:
Part C. Parent/Guardian Permission – To be completed by a parent/guardian		
I give permission for site personnel to follow the prescribed diet order for my child's site meals. I also give permission for my child's medical authority to further clarify the prescribed diet order on this form if requested to do so by site personnel.		
Parent/Guardian's Signature:		Date:
Part D. Request Substitution for Fluid Cow's Milk due to Lactose Intolerance, Allergy, Vegan Diet, Religious, Cultural or Ethical Reasons – To be completed by a parent/guardian		
Instead of fluid cow's milk, please provide the student named in Part A. of this form with the following substitute (Check ONE):		
<input type="checkbox"/> Lactose-free cow's milk (1% or skim) <input type="checkbox"/> Non-dairy beverage nutritionally equivalent to fluid cow's milk per federal regulations		
Parent/Guardian's Signature:		Date:
Definition of Disability: Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA), a "person with a disability" means "any person who has a physical or mental impairment which substantially limits one or more major life activity, has a record of such impairment, or is regarded as having such an impairment."		
Major life activities covered by this definition include caring for one's self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working. The term "physical or mental impairment" includes, but is not limited to, such diseases and conditions as:		
<ul style="list-style-type: none"> • Orthopedic, visual, speech and hearing impairments • Cerebral Palsy • Epilepsy • Muscular Dystrophy • Multiple Sclerosis • Cancer • Heart disease • Metabolic diseases, such as diabetes or phenylketonuria (PKU) • Food anaphylaxis (severe food allergy) • Mental retardation • Emotional illness • Drug addiction and alcoholism 		

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. 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 Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of 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: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights; 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

