

MEDICAL DIETARY NEEDS

Direct questions and return forms to: Susan Carlson, RDN, LD, Nutrition Services Dietitian, Ankeny Schools, 406 SW School St, Ankeny, IA 50023 or susan.carlson@ankenyschools.org, (515) 965-9604 x53041, or Fax (515) 964-2224.

Our goal in asking parents to complete the Diet Modification Request Form is to **keep students safe** and in compliance with their medical professional's directions. This information also helps us to make appropriate substitutions for seasonal celebrations, and other times that a school provides food to students.

If your student has a special medical dietary need, complete the "**Diet Modification Request Form**". This form must be completed by a licensed medical professional as described on the form. The form only needs to be completed once, unless the diet modification changes.

The form must be completed for any medical diets, food allergies, and gluten or lactose intolerances. Most other intolerances (unless multiple) can be handled by the student not selecting the food causing the problem and do not require a form. However, an accommodation can be made if the student is too young to do so. Please contact Susan Carlson under these circumstances.

Please send a lunch with your child until you have contacted Susan Carlson in Nutrition Services to discuss accommodations.

Peanut & Tree Nut Allergies

Nutrition Services does not use peanuts or tree nuts in the production of any food on site. However, **Nutrition Services purchases some products that are processed in a facility that also processes products with nuts.** In this case, documentation is requested from the manufacturer regarding their procedures for preventing cross contact. Online documentation for these products can be found on this website under Peanut and Tree Nut Allergen Information.

For students in grades 6-12, some à la carte products are offered which contain or may contain peanuts or tree nuts. These products are individually packaged and labeled by the manufacturer. Signs are also posted in service areas identifying these products.

Milk Allergies or Lactose Intolerance

For children who have a milk allergy or lactose intolerance, soymilk is offered as a substitution. For your child to receive soymilk as a substitute, note this on the bottom of the Diet Modification Request Form. Since lactose intolerance varies from individual to individual, please make sure the information on the second page under lactose/milk is completed. Students are not required to take milk. If soymilk is not chosen, bottled water is only substituted if the licensed medical professional indicates water as the substitute on the Diet Modification Form. Students may bring a milk substitute or other beverage from home to consume with meals.

Gluten Free Diet

A gluten free diet is available upon completion of the form. Not all products available are certified as gluten free but ingredients are reviewed and procedures are in place to minimize the chance of cross contact. We do not have separate kitchens for the preparation of gluten free menu items.

Diet Modification Request Form

Modifications are required by The United States Department of Agriculture (USDA) to accommodate a disability. Under Section 504, the ADA, and Departmental Regulations of 7 CFR part 15b define a person with disability as any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment. **“Major life activities” are broadly defined and include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. “Major life activities” also include operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.**

This form must be completed by a “medical authority” that is authorized by state law to write medical prescriptions: In Iowa this includes only Medical Doctors (MD), Doctors of Osteopathic Medicine (DO), Physician’s Assistants (PA), or Advanced Registered Nurse Practitioners (ARNP), or Dentists. **This form only needs to be completed once, unless the diet modification changes.**

RETURN the completed form to Susan Carlson, RDN, LD, Nutrition Services Dietitian, Ankeny Schools, 406 SW School St, Ankeny, IA, 50023, susan.carlson@ankenyschools.org **AND** call her at (515) 965-9604 x53041 to discuss accommodations. **FAX:** (515) 964-2224.

Student: _____ Birth Date: _____ Grade: _____

Parent/Guardian: _____ Phone: _____

Email Address: _____

TO BE COMPLETED BY MEDICAL PROFESSIONAL

1) Describe the medical need related to the diet order and “major life activity (see above) affected. <i>Example: Allergy to peanuts affects ability to breathe.</i>	
2) Explain what must be done to accommodate the medical need including texture modification or special feeding equipment if needed:	3) List foods to be substituted :
FOOD(S) TO OMIT DUE TO ALLERGIES OR INTOLERANCE <u>MUST</u> BE IDENTIFIED ON PAGE 2	

Licensed prescribing medical professional: _____
(Name, print or type) *(Title)*

(Signature of medical professional)

(Date)

The program must make accommodations for disabilities. Accommodation is encouraged for other medical conditions.

TO BE COMPLETED BY PARENT

The parent/guardian may request a nutritionally equivalent substitute for fluid milk without medical professional direction. This site chooses to offer a soy milk product that is nutritionally equivalent to regular fluid milk. Check here if you would like to request the milk substitute in place of fluid milk and list the reason for the request. _____
(Reason for request)

USDA allows a parent/guardian to supply substitute foods. Check here if you wish to provide substitute foods:

Parent/Guardian signature: _____ **Date:** _____

(To document choices and for permission to share with appropriate staff as needed to make accommodations.)

USDA is an equal opportunity employer and provider.

TO BE COMPLETED BY MEDICAL PROFESSIONAL

Check the line in front of food groups that should **NOT** be served.

LACTOSE/MILK – Do not serve the items checked below:

- Fluid milk as a beverage or on cereal? ¼ cup of fluid milk to be used on cereal? yes no
- Yogurt
- Milk based desserts such as ice cream and pudding
- Hot entrees with cheese as a prime ingredient such as grilled cheese, cheese pizza, or macaroni & cheese
- Cheese baked in products such as a casserole or on meat pizza
- Cold cheese such as string cheese or sliced cheese on a sandwich
- Milk in food products such as breads, mashed potatoes, cookies or graham crackers

SOY – Do not serve the items checked below:

- Protein products extended with soy
- Food products with soy as one of the first three ingredients
- Food products with soy listed as the fourth ingredient or further down the list
- Processed items cooked in soy oil
- Processed items with soy lecithin

EGG – Do not serve the items checked below:

- Cooked eggs such as scrambled eggs or hard cooked eggs served hot or cold
- Eggs used in breading or coating of products
- Baked products with eggs such as breads or desserts

FISH/SEAFOOD – Do not serve the items checked below:

- Fish (Cod, pollock, tilapia, tuna, salmon, haddock, etc.)
- Shrimp
- Other: _____

PEANUTS – Do not serve the items checked below:

- Peanuts, individually or as an ingredient
- Foods containing peanut oil
- Food items identified as manufactured in a plant that also handles peanuts unless manufacturer provides documentation outlining procedures to prevent cross contact.

TREE NUTS – Do not serve the items checked below:

- All nuts or specify tree nuts causing allergy _____
- Food items identified as manufactured in a plant that also handles nuts unless manufacturer provides documentation outlining procedures to prevent cross contact.

GRAINS – Do not serve the items checked below:

- Foods containing wheat
- Foods containing gluten
- Oats
- Other: _____

OTHER – Do not serve the items written below: