Rowan-Salisbury SCHOOL SYSTEM
Extraordinary Education Every Day

Annual Medical Statement for Students with Special Nutritional Needs for School Meals

Mail or Fax Form to:
Rowan-Salisbury Schools
School Nutrition Services
PO Box 2349
Salisbury, NC 28145
Fax: 855-219-4051

PART A (To be completed by Parent/Guardian)

STUDENT INFORMATION

Student ID Number:

Last Name: First Name: MI:

Date of Birth: School Attending: Grade:

Select the school provided meals and/or snacks in which this student will participate:

☐ School Breakfast Program ☐ National School Lunch ☐ Afterschool Supper
☐ Fresh Fruit and Vegetable Program ☐ Afterschool Snack

PARENT/GUARDIAN INFORMATION

Printed First/Last Name: Day Time Phone:

Mailing Address, City, State, Zip

Email Address:

What concerns do you have about your student's nutritional needs at school?

_____

What concerns do you have about your student's ability to safely participate in mealtime at school?

_____

Does the student have an identified disability and an Individualized Education Program (IEP) or 504 Plan? o Yes o No

If ***Yes*** and you have concerns about nutritional needs, have a licensed physician complete Part B, page 2, of this form and sign it. Return completed form to RSS School Nutrition Services.

If ***No*** and you have concerns about nutritional needs, have a licensed physician or recognized medical authority complete Part B, page 2, of this form and sign it. Return completed form to RSS School Nutrition Services.

NOTE: Special dietary needs for students without an IEP or 504 Plan are accommodated at the discretion of the School Nutrition Administrator and policies of the school district.

Parental/Guardian Consent: I agree to allow my child's health care provider and school personnel to discuss information on this form and allow the N.C. Department of Public Instructions and local School Food Authority to collect and analyze information from this form to better understand the nutritional needs of students.

Parent/Guardian Signature: **Date:**

Food Allergy Disclaimer: *Please be aware that School Nutrition Services prepares our food in commercial kitchens, where cross-contact with food allergens is possible and where ingredient substitutions and recipe revisions are sometimes made. Additionally, manufacturers of commercial food products we order may change their product formulation or ingredient consistency at any time without notification. Actual ingredients and nutritional content may vary and we are not able to guarantee that any food item will be completely free of food allergens. If you have questions or any concerns regarding ingredients of a specific food or recipe, please contact the Rowan-Salisbury Schools - School Nutrition Department at 704-630-6046 or email Debbie.Isley@rss.k12.nc.us and ask for the Registered Dietitian.*

PART B (To be completed by Licensed Physician)

Student Diagnosis or Condition:

☐ Food Intolerance ☐ Food Allergy ☐ Life Threatening Allergy

If student has **life threatening** allergies*, check appropriate box(es):

☐ Ingestion
☐ Contact
☐ Inhalation

**Students with life threatening food allergies must have an emergency action plan in place at school.*

Check major life activities affected:

☐ Walking
☐ Breathing
☐ Performing manual tasks
☐ Hearing
☐ Seeing
☐ Learning
☐ Eating/digestion
☐ Caring for Self
☐ Speaking
☐ Other_____

Designate consistency requirements for food:

☐ Pureed ☐ Ground
☐ Mechanical Soft ☐ No Change Needed
☐ Chopped ☐ Other _____

Designate consistency requirements for liquids:

☐ Clear Liquid ☐ Full Liquid ☐ Other _____
☐ Nectar-like ☐ Pudding thick
☐ Honey-like ☐ No change needed

Foods That Should Be Avoided:

DAIRY
☐ Fluid Milk/Water provided as beverage
☐ Cheese and recipes with cheese listed as an ingredient
☐ Ice Cream
☐ Yogurt
☐ Recipes with an dairy list as an ingredient

EGG
☐ Whole eggs such as scrambled eggs or hard cooked eggs
☐ Recipes with any egg listed as an ingredient

SOY
☐ Recipes with soy listed as an ingredient

WHEAT
☐ Recipes with wheat listed as an ingredient

FISH OR SHELLFISH
☐ Specific fish or seafood type:_____

NUTS
☐ Peanuts ☐ Tree Nuts

CORN
☐ Whole corn such as corn kernels, tortilla chips, corn muffin
☐ Recipes with corn/corn products listed as an ingredient

OTHER
☐ Other; specify if it is a cooked ingredient or when consumed fresh or raw
_____

Indicate any other comments about the student's eating or feeding patterns, including tube feeding if applicable:

Signature of Physician/Medical Authority* **Date:**

Printed Name: **Phone Number:**

*A licensed physician's signature is required for students with a disability. For students without a disability, a licensed physician or recognized medical authority must sign the form.

PART C (To be completed by School Nutrition Services)

Admin Initials: _____ Date: _____	Notifications: o Parent o SN Manager o Nurse	POS: o Allergens Entered o Attachment

Updated 5/27/2022