

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

PART A (To be completed by Parent/Guardian)	PART B (To be completed by Licensed Physician)																																				
<p><u>STUDENT INFORMATION</u></p> <p>Student ID Number: <input style="width: 100%;" type="text"/></p> <p>Last Name: <input style="width: 50%;" type="text"/> First Name: <input style="width: 20%;" type="text"/> MI: <input style="width: 10%;" type="text"/></p> <p>Date of Birth: <input style="width: 20%;" type="text"/> School Attending: <input style="width: 20%;" type="text"/> Grade: <input style="width: 10%;" type="text"/></p> <p>Will student eat breakfast provided by the school cafeteria? <input type="radio"/> Yes <input type="radio"/> No Will student eat lunch provided by the school cafeteria? <input type="radio"/> Yes <input type="radio"/> No Will the student eat a snack provided by the After School Snack Program? <input type="radio"/> Yes <input type="radio"/> No</p> <p><u>PARENT/GUARDIAN INFORMATION</u></p> <p>Printed First/Last Name: <input style="width: 60%;" type="text"/> Day Time Phone: <input style="width: 20%;" type="text"/></p> <p>Mailing Address, City, State, Zip <input style="width: 100%;" type="text"/></p> <p>Email Address: <input style="width: 100%;" type="text"/></p> <p>What concerns do you have about your student's nutritional needs at school? _____</p> <p>What concerns do you have about your student's ability to safely participate in mealtime at school? _____</p> <p>Does the student have an identified disability and an Individualized Education Program (IEP) or 504 Plan? <input type="radio"/> Yes <input type="radio"/> No</p> <p style="margin-left: 20px;">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.</p> <p style="margin-left: 20px;">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.</p> <p>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.</p> <p>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.</p> <p>Parent/Guardian Signature: <input style="width: 60%;" type="text"/> Date: <input style="width: 20%;" type="text"/></p>	<p>Student Diagnosis or condition: </p> <p>Check major life activities affected:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="radio"/> Walking</td> <td><input type="radio"/> Seeing</td> <td><input type="radio"/> Caring for self</td> </tr> <tr> <td><input type="radio"/> Breathing</td> <td><input type="radio"/> Working</td> <td style="text-align: center;">(including eating)</td> </tr> <tr> <td><input type="radio"/> Performing manual tasks</td> <td><input type="radio"/> Hearing</td> <td><input type="radio"/> Speaking</td> </tr> <tr> <td></td> <td><input type="radio"/> Learning</td> <td><input type="radio"/> Other _____</td> </tr> </table> <p>Specify any dietary restrictions or special diet instructions for school meals: </p> <p>Designate consistency requirements for food:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="radio"/> Clear Liquid</td> <td><input type="radio"/> Pureed</td> </tr> <tr> <td><input type="radio"/> Full Liquid</td> <td><input type="radio"/> Mechanical Soft</td> </tr> <tr> <td><input type="radio"/> Blenderized liquid</td> <td><input type="radio"/> No Change Needed</td> </tr> </table> <p>Designate consistency requirement for liquids:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="radio"/> Thin</td> <td><input type="radio"/> Spoon-thick</td> </tr> <tr> <td><input type="radio"/> Nectar-like</td> <td><input type="radio"/> No Change Needed</td> </tr> <tr> <td><input type="radio"/> Honey-like</td> <td></td> </tr> </table> <p>List any foods causing food <i>intolerance</i> that should be avoided: _____</p> <p>List any foods causing food <i>allergies</i> that should be avoided: _____</p> <p>If student has life threatening allergies*, check appropriate box(es):</p> <table style="width: 100%; border: none;"> <tr> <td><input type="radio"/> ingestion</td> <td rowspan="3" style="vertical-align: top; font-size: small;">* Students with life threatening food allergies must have an emergency action plan in place at school.</td> </tr> <tr> <td><input type="radio"/> contact</td> </tr> <tr> <td><input type="radio"/> inhalation</td> </tr> </table> <p>For <i>any</i> special diet, list specific foods to be omitted and substitutions; you may attach a separate care plan.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">a. Foods To Be Omitted</td> <td style="width: 50%;">b. Recommended Substitutions</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table> <p>Indicate any other comments about the child's eating or feeding patterns, including tube feeding if applicable: </p> <p>Signature of Physician/Medical Authority* <input style="width: 60%;" type="text"/> Date: <input style="width: 20%;" type="text"/></p> <p>Printed Name: <input style="width: 60%;" type="text"/> Phone Number: <input style="width: 20%;" type="text"/></p> <p style="font-size: small;">*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.</p>	<input type="radio"/> Walking	<input type="radio"/> Seeing	<input type="radio"/> Caring for self	<input type="radio"/> Breathing	<input type="radio"/> Working	(including eating)	<input type="radio"/> Performing manual tasks	<input type="radio"/> Hearing	<input type="radio"/> Speaking		<input type="radio"/> Learning	<input type="radio"/> Other _____	<input type="radio"/> Clear Liquid	<input type="radio"/> Pureed	<input type="radio"/> Full Liquid	<input type="radio"/> Mechanical Soft	<input type="radio"/> Blenderized liquid	<input type="radio"/> No Change Needed	<input type="radio"/> Thin	<input type="radio"/> Spoon-thick	<input type="radio"/> Nectar-like	<input type="radio"/> No Change Needed	<input type="radio"/> Honey-like		<input type="radio"/> ingestion	* Students with life threatening food allergies must have an emergency action plan in place at school.	<input type="radio"/> contact	<input type="radio"/> inhalation	a. 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PART C (To be completed by School Nutrition Services)																																					
<p>Admin Initials: _____</p> <p>Date: _____</p>	<p>Notifications: <input type="radio"/> Parent <input type="radio"/> SN Manager <input type="radio"/> Nurse</p> <p>POS: <input type="radio"/> Allergens Entered <input type="radio"/> Attachment</p>																																				

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.



Guidance for Completing the Annual Medical Statement for Students with Special Nutritional Needs for School Meals

Parent/Guardian:

The *Annual Medical Statement for Students with Special Nutritional Needs for School Meals* helps schools provide meal modifications for students who require them. Completion of all items will allow your child's school to create a plan with you for providing safe, appropriate meals to your child while at school.

Your participation in this process is very important. The sooner you provide this signed and completed form to your child's school, the sooner the School Nutrition Program or school staff can prepare the food your child requires. Your signature is required for your school to take action on the medical statement. The school staff cannot change food textures, make food substitutions, or alter your child's diet at school without all the information filled in on this form.

Please follow the steps below to get started:

- 1) Complete all items of **PART A** of the Medical Statement.
- 2) Take the Medical Statement to your child's pediatrician or family doctor and have him/her complete **PART B**.
- 3) Return the properly signed Medical Statement to your child's teacher, principal, nurse, Special Education case manager, or Section 504 case manager, School Nutrition Administrator, or the school staff person who gave you the blank form.
- 4) If needed, ask the school when a team, including you and the school system's School Nutrition Administrator, will meet to consider the information provided on the form. You may invite people from the community who are knowledgeable about your child's feeding and nutrition issues to the meeting. These would be people who could help school staff design a school mealtime plan for your child, like your child's pediatrician, nurse, speech-language pathologist, occupational therapist, registered dietitian or personal care aide.

Physicians and Medical Authorities:

This form helps schools provide meal modifications for students who require them. Completion of all items will streamline efficient care of the student.

The school cannot change food textures, make food substitutions, or alter a student's diet at school without a proper statement from you. Meal modifications are implemented based on medical assessment and treatment planning and must be ordered by a licensed physician or recognized medical authority.

Please consider the following as you complete **PART B** of the Medical Statement:

- 1) Complete all items of **PART B**. (*Note: 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. Recognized medical authorities include physicians, physician assistants, and nurse practitioners.*)
- 2) Be as specific as possible about the nature of the child's disability and life activities that the disability limits. In the case of food allergy, please indicate if the student's condition is a food intolerance, an allergy that would affect performance and participation at school (e.g., severe rash, swelling, and discomfort), or a life-threatening allergy (e.g., anaphylactic shock).
- 3) If your assessment of the child does not yield sufficient data to make a determination about food substitutions, consistency modifications, or other dietary restrictions, please refer the child/family to the appropriate feeding, nutrition, or allergy specialists for completion of the Medical Statement. Schools do not routinely have instrumentation and/or staff trained for a comprehensive nutrition and feeding assessment and must partner with community providers to meet a student's special feeding and nutrition needs.
- 4) Attach any previous and/or existing feeding/nutrition evaluations, care plans, or other pertinent documentation housed in the student's medical records to the Medical Statement for parent/guardian delivery to the school.
- 5) Consider being available to consult with the child's school team as it implements the feeding/nutrition care plan.

When completed fully, this form gives schools the information required by the US Department of Agriculture (USDA), U.S. Office for Civil Rights (OCR), and the U.S. Office of Special Education and Rehabilitative Services (OSERS) for meal modifications at schools.