

Paula Wallace
Director of Nutrition Services
937-783-1212

Dear Parent/Guardian:

Enclosed you will find a copy of the district **Eating/Feeding Evaluation: Children with Special Needs** form and a copy of the district **Physician's Statement Form**. These forms must be filled out in entirety by you and your child's physician, with signatures from both in order to keep our records up to date. These forms enable us to keep medical and medication information current, they also enable us to prepare special diet menus for children with food allergies or special needs assistance. These forms need to be completed and returned as soon as possible in order to complete the necessary updates for the school year. These are forms that will need to be filled out at the beginning of each new school year in order for the district information to be up to date. There will be no special menus completed until forms are filled out completely and returned. If you have any questions, please feel free to call your student's school nurse or Paula Wallace Food Service Director at 937-783-1212.

Thank you,

Clinton County Health Department

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Physician's Statement for Children with Disabilities

USDA regulations require substitutions or modifications in school meals for children whose disabilities restrict their diets. A child with a disability must be provided substitutions in food when that need is supported by a statement signed by a licensed physician. The physician's statement must identify:

The Child's disability and an explanation of why the disability restricts the child's diet.

The major life activity affected by the disability.

The food or foods to be omitted from the child's diet, and the food or choice of foods that must be substituted.

IN Cases of Food Allergy

Generally, children with food allergies or intolerances do not have a disability as defined under 7CFR15b3 USDA's nondiscrimination regulations, and school food authorities may, but are not required to make substitutions for them .

However, when in the physician's assessment, food allergies may result in severe, life-threatening (anaphylactic) reactions, the child's condition would meet the definition of "disability", and the substitutions prescribed by the physician must be made.

B. OTHER SPECIAL DIETARY NEEDS

Schools may make food substitutions, at their discretion, for individual children who do not have a disability, but are medically certified as having a special medical or dietary need.

Such determinations are only made on a case-by-case basis and must be supported by a statement which specifies the needed food substitutions and is signed by a licensed medical authority (e.g., physician, physician assistant, nurse practitioner, or registered nurse) or other health professional specified by the state agency.

This provision covers those children who have food intolerances or allergies but do not have life threatening reactions (anaphylactic reactions) when exposed to the food(s) to which they are allergic.

Medical Statement for Children with Special Dietary Needs

The medical statement must include:

An identification of the medical or other special dietary need which restricts the child's diet; and

The food(s) to be omitted from the child's diet, and the food or choice of foods to be substituted.

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INFORMATION CARD

Student's Name	Teacher's Name
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Dietary Restrictions/Special Diet

Food Substitutions

Foods requiring Texture Modifications:	Chopped	Finely Ground	Pureed/Blended
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Other Diet Modifications	Feeding Techniques
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Supplemental Feedings (snacks)

Physician/Medical Authority documentation received, name, telephone, ect.

Additional contacts (R.D., ect.) -name, telephone, date

Person completing form _____ Date _____

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Blanchester Local School District
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Paula wallace Director of Nutrition Services
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**EATING/FEEDING EVALUATION:
CHILDREN WITH SPECIAL NEEDS**

Student's Name _____ Student's Age _____ School Name _____ Grade Level _____ Classroom _____
Does the student have a Disability? Yes _____ No _____ If yes, Describe the major life activities affected by the disability: _____ _____
If yes, does the student have special nutrition or feeding needs? Yes _____ No _____ If yes, complete this form and have it signed by a physician.
If the student is not disabled, does he/she have special nutritional or feeding needs? Yes _____ No _____ If yes, complete this form and have it signed by the appropriate medical authority.
If the student does not require special meal considerations and is able to eat a regular diet, the parent can sign at the bottom and return the form to the school food service.
List any dietary restrictions or special diet: _____ _____
List any allergies or food intolerances to avoid: _____
List food to be substituted: _____
List foods that need the following change in texture. If all foods need to be prepared in this manner, indicate "ALL". Cut up or chopped to bite size pieces: _____
Finely Ground: _____
Pureed: _____
List special equipment or utensils needed: _____
Indicate any other comments regarding the student's eating or feeding patterns: _____
Parent's Signature _____ Date _____
Physician's or Medical Authority's Signature _____ Date _____

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