

ACCOMMODATING CHILDREN WITH SPECIAL DIETARY NEEDS

HISD only provides dietary accommodations for students with disabilities, life-threatening food allergies, and physician-certified medical needs.

REQUIRED DOCUMENTATION

The Texas Department of Agriculture has set forth the following guidelines for accommodating children with special dietary needs. For Nutrition Services to make a meal accommodation for a student with a medical disability, the household must provide a written medical statement. For a medical statement to be valid, it must be written by a medical authority licensed to write prescriptions in Texas.

The Medical Statement for students with disabilities and life-threatening food allergies must:

- Be signed by a licensed physician.
- Identify the child's medical condition/disability.
- Include an explanation of why the disability restricts the child's diet.
- Identify the major life activity affected by the disability.
- List the food or foods to be omitted from the child's diet and the food or choice of foods that must be substituted.

The Medical Statement for students with special dietary needs (non-disabled) must:

- Be signed by a licensed physician or medical practitioner authorized to write prescriptions in Texas.
- Identify the medical condition that restricts the child's diet.
- Lists the food/foods to be omitted from the child's diet and the food or choice of foods to be substituted.

HISD DIETARY ACCOMMODATIONS POLICY

All dietary accommodation requests should be made using the HISD Physician's Request for Special Dietary Accommodations form (special diets form) located on the HISD Nutrition Services website: www.HoustonISD.org/Nutrition.

Documentation must be provided by the student's parent/guardian to the school nurse, who will then email it to Nutrition Services. Dietary accommodations will be arranged once Nutrition Services receives and processes the request. Any information missing from the form will result in accommodation delays.

Note: Dietary accommodations that require the purchase of specific items may not be available immediately. Please allow up to six weeks to receive the first delivery of special orders.

For more information, email NSSpecialDiets@HoustonISD.org.

DISTRIBUTION OF RESPONSIBILITY

Parents/Guardians

- Provide Physician's Request for Special Dietary Accommodations form (special diet form) to the school nurse, making sure it includes all required information as listed above. *Note: If the physician's order contains any statements requiring further clarification, special dietary accommodations will not begin until the physician provides further written clarification.*
- Provide updated physician's orders as necessary
- Give school nurse a written statement signed by the physician when accommodations are no longer needed.

- Be aware that dietary accommodations cannot be changed prior to receiving updated documentation from the physician.
- Work with school nurse and HISD Nutrition Services dietitian to review and return modified menus as soon as possible. *Note: Modified menus will not be implemented until approval is received.*
- Submit new Physician's Request for Special Dietary Accommodations form (special diet form) each school year.
 - Provide updated physician's statement to school nurse during the summer, prior to start of school.
 - Remember there may be a delay of up to six weeks if special purchases are required.

School Nurses

- Scan and email Physician's Request for Special Dietary Accommodations form (special diet form) to Nutrition Services at NSSpecialDiets@HoustonISD.org.
- Serve as liaison between Nutrition Services and parent, gathering needed information, physician documentation, and parent approval of special diet menus.

Nutrition Services:

- Provide meals that, to the best of our knowledge, meet the physician-ordered dietary restrictions.
- Work with parent and school nurse to adjust the diet as updated physician's orders are received.
- Handle non-disability students on a case-by-case basis.

Note: Nutrition Services cannot:

- *Interpret, revise, or change a diet order for students with disabilities.*
- *Provide dietary accommodations for students without a valid medical condition.*
- *Provide dietary accommodations without proper physician's documentation.*
- *Provide fruit juice as a milk substitute for non-disability students.*

Physician's Request for Special Dietary Accommodations

Date: _____

School Year: _____

All sections must be completely filled out for this form to be accepted. *indicates required field.

A. THIS SECTION TO BE COMPLETED BY PARENT / LEGAL GUARDIAN

*Student Last Name: _____ *First Name: _____ Date of Birth: ____/____/____

School: _____ Grade: _____ Student ID: _____

Parent/Guardian Name: _____ Phone: _____

School Nurse: _____ Phone: _____

I give Health Services/Nutrition Services permission to speak with the below named Physician or Authorized Medical Authority to discuss the dietary needs described below.

Parent Signature: _____ Date: _____

B. THIS SECTION TO BE COMPLETED BY LICENSED PHYSICIAN / PRESCRIBING MEDICAL AUTHORITY

*Does the child have a disability and/or anaphylactic/life-threatening food allergy? YES NO *If YES selected, form must be completed and signed by licensed physician.*

*If YES, please describe the major life activities affected by the disability: _____

***MEDICAL DIAGNOSIS:** _____

ACCOMMODATIONS NEEDED

^Soy milk is the standard substitution when Fluid Dairy Milk is omitted

I. Restrictions Needed: NONE

- No Fluid Dairy Milk^ No Dairy Products (yogurt, cheese, etc) No Milk Protein/Milk Ingredients (in baked goods, etc.)
- No Whole Eggs No Eggs as an ingredient
- No Wheat/Gluten No Soy ingredients
- No Peanuts No Tree Nuts (*please note that HISD does not serve peanuts or tree nuts on the regular menus*)
- No foods processed in a facility that contains nuts
- No Seafood
- Other (Please list) _____

Substitutions _____

II. Texture Modification: NONE

Duration: (*choose one*)

- Year-Round
- Temporary: Start _____ Stop _____

Liquids: (*choose one*)

- Mildly Thick (Level 2)
- Moderately Thick (Level 3)
- Extremely Thick (Level 4)

Solids: (*choose one*)

- Soft & Bite-Sized (Level 6)
- Minced & Moist (Level 5)
- Pureed (Level 4)

III. Supplement: NONE

- NPO Supplement to accompany oral diet
- Boost Kid Essentials 1.5 Pediasure Pediasure with Fiber Pediasure with Fiber 1.5 Pediasure Enteral with Fiber 1.0
- Other : _____ **Supplements not listed above may take up to 6 weeks to be processed.*

Dosage Per Meal (REQUIRED): ____ Breakfast ____ Lunch ____ After School Snack

IV. Therapeutic Diet Order: Please provide specifics as needed. _____

C. THIS SECTION TO BE COMPLETED BY LICENSED PHYSICIAN / PRESCRIBING MEDICAL AUTHORITY

I certify that the above named student needs special dietary accommodations, as described above, because of the student's disability and/or life-threatening food allergy or food intolerance/allergy, as indicated.

MD DO NP PA

*Signature of Licensed Physician/Prescribing Medical Authority

Date

*Printed Name of Licensed Physician/Prescribing Medical Authority

Phone _____ Fax _____

Address _____

Send completed form to school nurse. Please submit new Physician Request form each school year. Any change or discontinuation must be submitted in writing by the physician. Please allow two business weeks for processing. Fax completed forms to (713) 491-5998. Contact NSSPECIALDIETS@houstonisd.org with questions.