

Pittsylvania County Schools School Nutrition Program

Guidelines for Accommodating Children with Special Dietary Needs

Schools participating in a federal school meal program, such as the National School Lunch Program, and School Breakfast Program, are required to make reasonable accommodations for children who are unable to eat school meals because of disabilities that restricts their diet. Schools will provide modifications for children on a case-by-case basis when requests are accompanied by a written statement from a licensed healthcare professional, such as a licensed physician, physician's assistant, or nurse practitioner. In order to ensure the provision of appropriate and safe meals, the healthcare professional must submit this information using the school division's *Dietary Modification Medical Statement Form* which is provided on the back side of this page.

The completed *Medical Statement Form* must be returned to either the school nurse or faxed directly to the Supervisor of School Nutrition at 434-432-9560. Upon receipt of the form, the Supervisor of School Nutrition will then contact the parent/guardian to discuss the options available for accommodating the child's need and will provide the date at which the cafeteria can begin the child's special diet. Planning for meal modifications and training staff requires time; therefore, there may be a few days until the cafeteria has the special menu in place for the student. Until the special meal has been developed foods provided by the parent or guardian would be the safest option.

In order to continue a modified menu from one school year into the next, parents or guardians should notify the Supervisor of School Nutrition at the beginning of each school year to request the continuation of services.

Other dietary requests, including those related to general health concerns, personal preferences, and moral or religious reasons are not disabilities and are optional for schools to accommodate. Most of these needs can be met within the general meal plan since a variety of choices are offered to students daily.

For more information about requesting special meal modifications for students with disabilities, please contact the Supervisor of School Nutrition, Kara Scott at 434-432-2761 ext. 5045 or through email at kara.scott@pcs.k12.va.us.

Pittsylvania County Schools
School Nutrition Program
Dietary Modification
Medical Statement Form

Instructions: This form must be completed and signed by a licensed healthcare professional, such as a licensed physician, physician assistant, or nurse practitioner. The school/division may contact the licensed healthcare professional for clarification of information provided on this form. Return this form to your child's school.

Child's name: _____ Child's date of birth: _____

Name of School: _____ Grade level/classroom: _____

Name of Parent/Guardian: _____

Phone Number of Parent/Guardian: _____

Provide an explanation of how the student's physical or mental impairment restricts their diet:

Describe the specific diet or necessary modifications prescribed by the state licensed medical authority to accommodate the student's needs: _____

List the food to be omitted (please be specific) and recommended alternatives, if appropriate.

Foods to be omitted: _____

Suggested substitutions: _____

Indicate texture modifications, if applicable:

• Chopped/Cut into bite sized pieces; • Ground/Finely Ground; • Pureed; • Other _____

List any required special adaptive equipment: _____

Signature of licensed healthcare professional¹ _____

¹A licensed healthcare professional in the state of Virginia is defined as a licensed physician, physician assistance, or nurse practitioner.

Printed name and title of licensed healthcare professional: _____

Provider phone number: _____

Date: _____

The undersigned certifies that he/she is the parent, guardian or representative of the person listed on this document and has the legal authority to sign on behalf of that person.

Signature of Parent/Guardian

Date: