INSTRUCTIONS FOR DIETARY PRESCRIPTION FORM

Portales Schools Student Nutrition Services will make modifications and substitutions to the regular school meals for a student with a disability that restricts their diet. The Portales Schools Diet Prescription Form must be completed and signed by a licensed physician for a student with a disability before the school cafeteria can provide any modifications or substitutions. The completed form must be provided to the school nurse.

Menu Modifications for Children with Disabilities

Children with disabilities who require changes to the basic meal are required to provide documentation with accompanying instructions from a licensed physician. This is to ensure that any meal modifications meet nutrition standards which are medically appropriate for the child.

Follow these steps to ensure a student with a disability requiring special nutrition needs is served the proper diet in the breakfast, lunch and snack programs:

- 1. A Portales Schools Special Diet Prescription Form must be filled out completely and signed by a licensed physician annually if the student has a disability. This form may be obtained from the School Nurse.
- 2. Regulations require that this documentation be on file for each student who receives a special meal. The documentation must be on file in the school cafeteria and nurse's office.
- 3. Work with the cafeteria manager and school nurse to know what foods will be served by the school.

Serving the Special Dietary Needs of Children without Disabilities

Portales Schools Student Nutrition Department will try to accommodate special dietary needs for students without a disability. However, the school is not required to serve special meals to all children with diet restrictions. Such determinations are made on a case by case basis by the Student Nutrition Department and must be supported by the same Special Diet Prescription Form signed by a licensed physician.

For further information, including definitions of disability and of other special dietary needs, and school's responsibility, please visit USDA's Student Nutrition website at: http://www.fns.usda.gov/cnd/Guidance/.

Portales Municipal School District Student Diet Modification Form

Name of Student (Last, First):		Date of Birth:	
School:	Teacher:	Grade: _	
Parent/Guardian contact information: Na	me:		
Phone Number:	Email:		
Which meals will the student eat <u>fror</u> Breakfast Lunch Non Does the child have a life-threatenin Does the child have a <u>Disability</u> requ	e (if the student does not eat in the cafete ng <u>food</u> allergy?	,	ion A)
Parent Signature		Date	
** Sections A &/or B must be compl	eted by a licensed physician.		
Section A- Life threatening Food A	llergy		
Foods to be omitted from diet:			
Safe food substitutes:			
Can the student consume foods where	e the allergen is an <u>ingredient</u>	in a product? (Yes (No	
(i.e. Can consume eggs in baked good	ds, but not scrambled eggs)		
Can the student consume foods which are manufactured in a facility with peanuts? OYes ONo			
Has the student ever had an anaphyla	ctic reaction to the above liste	ed food? OYes ONo	
Has the student ever had allergy testin	ng indicating an allergy to the	above listed food? OYes	⊖No
Will Benadryl and/or Epi Pen be pro	vided to the school: $igcap$ NO	⊖ YES	
<mark>If student has had an anaphylactic rea</mark> provided.	ction, or positive allergy testing	z, an allergy action plan and a	n Epi Pen and/or Benadryl must be
Section B- Disability Does the stu	Ident have a disability that res	tricts the diet? \bigcirc Ye	es ONo
Explain:			
Foods to be omitted from diet:			
Safe food substitutes:			
Name of Physician (print) Physician Signature		Phone	
Physician Signature	Date	ePho	one
Signature of School Nurse Food Service Director Signature:	I	Date Date:	_
 Modifications will be made Portales Municipal Schools cafete Does not meet requirements for 	erias do not serve the listed f	foods; this form will be place	

Revised 03/07/2023 DS, RN