

Lawrence County Schools
School Nutrition Procedure for Special Diets

Lawrence County School System Nutrition Department (LCSS) will make modifications and substitutions to the regular school meals for a student with a disability that restricts his or her diet. The LCSS Request for Meal Modification 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 sent to the school nurse by email or fax. The school cafeteria staff will prepare the meal along with the other meals being served that day.

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

1. A Request for Meal Modification Form must be filled out completely and signed by a licensed physician.
2. Regulations require that this documentation be on file for each student who receives a special meal. This documentation must be on file in the school cafeteria and nurse's office.
3. Work with the cafeteria manager and the school nurse to know what foods will be served at school.

Lawrence County Schools Request for Meal Modifications

Student Name

Date of Birth

School

Parent/Guardian Name

Phone

Mailing Address

E-mail Address

Signature of Parent/Guardian

Date

Meal Modification Medical Statement

Federal law and USDA regulation require nutrition programs to make reasonable meal modifications to accommodate children with disabilities. Under the law, a disability is an impairment which substantially limits a major life activity or bodily function, which can include allergies and digestive conditions, but does not include personal diet preferences.

Describe the impairment and how it restricts the child's diet (i.e., how the ingestion/contact with the food impacts the child): _____

Explain what must be done to accommodate the child's diet (i.e., specific food(s) to be omitted/avoided in the child's diet): _____

List food(s) and/or beverages to be omitted or modified and recommended alternatives:

Signature of State-Recognized Medical Authority*

Date

Printed Name of State-Recognized Medical Authority*

Phone Number

Clinic Name

*State-Recognized Medical Authority is a licensed health care professional authorized to write medical prescriptions in Tennessee: Medical Doctor (MD), Doctor of Osteopathy (DO), Physician's Assistant (PA) with prescriptive authority, Advanced Registered Nurse Practitioner (ARNP), Podiatrist (DPM) and Optometrist (OD).

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