

Accommodations for Students with Medical Disabilities and Special Dietary Needs

The **United States Department of Agriculture & Texas Department of Agriculture** have set forth the following guidelines for accommodating students with medical disabilities and special dietary needs. *(Reference available on Beaumont ISD Website, Child Nutrition Tab)*

1. A Medical Statement for Students with Medical Disabilities must include the following:

In order for the medical statement to be valid, the prescription must be written by a provider with prescriptive authority (MD, DO, NP-C, PA-C) in the State of Texas and it must be recorded in the student's IEP.

- Must sufficiently provide an explanation of the student's disability
- Must provide a description of how this condition restricts the student's diet and what major life activity is affected by the disability.
- Must provide a description of the accommodation to be made: food items or ingredients to be omitted, special dietary supplements, food items or ingredients to be substituted and any other accommodation as appropriate.

2. A Medical Statement for Students with Special Dietary Needs, Not Medical Disability Related must include the following:

- Lists the food or foods to be omitted from the child's diet and the food or choice of foods to be substituted.

All requests must be submitted using the
"ACCOMMODATIONS for STUDENTS with MEDICAL DISABILITIES and SPECIAL DIETARY NEEDS"
form, located on the BISD website, Child Nutrition tab.

Please submit completed and signed documents to the students' school nurse. The school nurse will scan and email the completed form to the Child Nutrition Department to process the request and arrange accommodations. Please allow 3 days to process this request.

Note: Dietary accommodations that require the purchase of specific items may not be available immediately. It may take up to 4 weeks to receive delivery of special order formulas and foods.

PARENTS

- Provide the “Special Dietary Needs and Accommodations” form, completed and signed by a provider with prescriptive authority to the school nurse. (refer to page 1)
(Note: If the provider's statement requires clarification, accommodations will not be ordered until additional information is provided.)
- Provide updated providers orders as necessary. Provide the school nurse a written statement signed by the medical provider when accommodations are no longer necessary.
- Dietary accommodations will not be changed prior to receiving documentation from the medical provider.
- Work with the school nurse and Child Nutrition Department to review and return required paperwork, as soon as possible.

Please keep in mind, it may take up to 4 weeks for special orders to be processed and delivered.

SCHOOL NURSE

- Once parents or guardians have submitted a completed form, the school nurse will scan and email the order to the attention of the Child Nutrition Director, Mary Ellen Vivrett @ mvivret@bmtisd.com
- Serve as liaison for BISD parents, guardians, Child Nutrition Department and the medical authority as necessary to gather necessary information and documentation.

CHILD NUTRITION

- Provide meals which meet the medical providers special dietary accommodations order.
- Work with parent(s)/legal guardian(s) and the school nurse to modify foods and meals offered as the medical provider provides updates to dietary needs.
- Manage special dietary needs.
- Revision or changes to a diet order for a student with a disability can only be done with a written medical providers order.
- Modified meals cannot be provided without a medical provider's explanation of the student's disability and necessary accommodations to be made.



Special Dietary Needs and Accommodations 2023 - 2024

This form may be (1) used by a licensed medical provider with prescriptive authority to provide a medical statement for a student's medical disability or a special dietary need that warrants a meal accommodation or (2) used to assist a licensed medical provider with prescriptive authority in creating the medical statement necessary for a meal accommodation. If this form is used as a medical statement, the form must be completed by the medical provider and signed by both the parent or guardian and the medical authority.

Date: _____

Part I: General Information : To be completed by Parent/Guardian

Student Name (Last): _____ (First): _____

Date of Birth: ____/____/____

School Attending: _____ Grade: _____

Student ID#: _____

Which meals will the child eat at school? (please circle)

Breakfast / Lunch / After School Snack (if applicable)

School Nurse/ Nurse Consultant: _____

Contact Information: _____

Parent/Guardian: _____ Phone Number: _____

Email: _____

I give Health Services/ Food Services permission to speak with the named Physician or Authorized Medical Provider to discuss the dietary needs described on this form.

Parent/Guardian Signature

Date

Part II: To be completed by a Medical Provider with Prescriptive Authority:

Does the student have a medical disability which affects one of the major life functions which necessitates a meal accommodation?

☐ Yes

☐ No

Does the student have a special dietary need that will be helped by a meal accommodation?

☐ Yes

☐ No

How does this medical disability or special dietary need impact the student's diet?

Part III: To be completed by a Medical Provider with Prescriptive Authority:

What meal accommodation(s) are appropriate to address the student's medical disability or



special dietary needs? Please check the box before applicable meal accommodations and provide a detailed explanation for each checked accommodation in the box beside the description.

☐ Food items or ingredients not to be served

☐ Suggested substitutions for food items not served

☐ Specific description of texture modifications for specific food types or items

☐ Other

Name of Medical Provider (please print): _____

Signature: _____

Date: _____

Phone: _____ Fax: _____

Mailing Address: _____

Send completed forms to the school nurse/nurse consultant. Any change of treatment must be requested in writing by the provider or by a parent. If received from a parent, communication to a medical provider may be warranted. To ensure that the accommodation can be provided on the first day of school, submit this form no later than one month prior to the first day of school.

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