

INTEROFFICE CORRESPONDENCE

Los Angeles Unified School District

TO: Cafeteria Manager
FROM: Margaret West, R.D., Nutrition Specialist
SUBJECT: Procedure for Requesting Special Diets

DATE: September 14, 2009

*Special diets are **only** provided when the following criterion is met:*

- ❖ *The student has a disability or medical condition that limits a major life activity such as breathing or learning; or*
- ❖ *The student has a food allergy that results in a reaction that is life-threatening and/or severely impacts his/her ability to function in school.*

Any student requiring a special diet must have a Special Diet Request Form completed annually. Special diets will not be continued from one year to the next without an updated form and evaluation by the Nutrition Specialist.

***Note:** Special diets are not provided to accommodate personal preferences or religious convictions. Food items that meet student's dietary requirements are available and students are encouraged to select these items from the menu.

PROCEDURE FOR REQUESTING A SPECIAL DIET
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CAFETERIA MANAGER

1. Obtain a *Medical Statement to Request a Special Diet* (see accompanying "Form"). Use the most recently revised *Form* (dated 9/8/09 in lower, right corner).
2. Fill in all information in the second bolded and boxed area (**#7 through #15**) of the *Form*.
3. Make copies and give to the parent/legal guardian requesting a special diet for their child.
4. Review with the parent/legal guardian the following steps he/she must complete:
 - Complete the first bolded and boxed area at the top of the *Form* (**#1 through #6**).
 - Have a **licensed physician** complete the remainder of the *Form* (**#16 through #27**).
 - Return the completed *Form* to the Cafeteria Manager.
5. When you receive the *Form* back, make sure **all** information requested is complete and legible. Check for **parent/legal guardian and physician signatures, date** and whether the physician checked off a box in **#16**. If **any** information is missing, return the *Form* to the parent/legal guardian for completion.
6. Keep a copy of the completed *Form* for your records and **MAIL THE ORIGINAL** to: **Beaudry Building; Attn: Margaret West; Food Services Branch; 28th Floor;** via school mail. If any information is omitted, the *Form* will be returned for completion, thus delaying the entire process.

The modified special diet and/or guidelines will be sent to the Cafeteria Manager in as timely a manner as possible. **The Cafeteria Manager must provide a copy of the special diet information to the parent/guardian, school nurse, and keep a copy on file for audit/information purposes. As long as the *Form*, approved by a Nutrition Specialist, is on file, all special diet meals are reimbursable, regardless of the number of menu components selected.** The Cafeteria Manager will be informed if and why a particular special diet request is denied.

****Note:** It is the responsibility of the Cafeteria Manager to check the school roster and notify me if any student on a special diet leaves LAUSD, transfers to another LAUSD school, or has a diet modification.

**LOS ANGELES UNIFIED SCHOOL DISTRICT
MEDICAL STATEMENT TO REQUEST A SPECIAL DIET**

Parent/Guardian: Complete Items 1 - 6 (Padre/tutor: Compleata cajitas 1-6) (* = Required)			
1)*Student's Last Name <i>(Apellido)</i>	1a)*First Name <i>(Nombre del estudiante)</i>	2)*Date of Birth <i>(Fecha de nacimiento)</i>	3)*Circle Meals Eaten at School <i>(Circule las comidas que su niño/a come en la escuela)</i> Breakfast Lunch Snack <i>(Desayuno) (Amuerzo) (Bocadillo)</i>
4)*Parent/Guardian Signature <i>(Firma del Padres/Tutor)</i>	5)*Print Name of Parent <i>(Escriba en letra de molde el nombre del padres)</i>	6)*Parent Phone Number(s) <i>(Numero(s) de telefono del padres)</i> Home <i>(Casa)</i> : () _____ Cell <i>(Celular)</i> : () _____	

Cafeteria Manager: Complete Items 7 – 15 (* = Required)		
7)*School Name (Include EEC name, if applicable) / Loc. Code #	8)*District #	9)*Check Site Type: <input type="checkbox"/> Prep <input type="checkbox"/> NNC *Year Round School: <input type="checkbox"/> Yes <input type="checkbox"/> No
10)*School Phone	11) School Fax #	12)School Nurse
13)*Cafeteria Manager (CM)	14)*CM Email Address	15)*Cafeteria Phone #

PHYSICIAN ONLY: Complete Items 16 – 27 (* = Required)	
16)* Does the student have a disability, medical condition or severe food allergy warranting a special diet? <u>The disability or medical condition must limit a major life activity such as breathing or learning, and the food allergy must result in a reaction that is life-threatening and/or severely impacts the student's ability to function in school.</u> <input type="checkbox"/> YES If "YES", continue to complete the remainder of this form. <input type="checkbox"/> NO If "NO", STOP HERE. A SPECIAL DIET IS NOT WARRANTED.	
17)* List Disability, Medical Condition, or Severe Food Allergy: Also provide a brief description of the major life activity (e.g. breathing, learning) affected by the disability or severe and/or life-threatening reaction resulting from the food allergy. _____ _____ _____	
18)*Diet Prescription: <i>(For carbohydrate or protein restrictions, include the level allowed for each meal)</i> _____ _____ _____	
19) Food Allergies: Indicate sensitivity level of the food(s) the child is allergic to: <input type="checkbox"/> Omit all sources of this food OR <input type="checkbox"/> Omit major sources of this food (small amounts are tolerated: [Example: milk or egg in breading or batter on chicken])	
20) Food(s) to be Omitted and Suggested Substitutions:	
Food(s) to Omit	Suggested Substitution(s)
_____	_____
_____	_____
_____	_____
_____	_____
21) Texture Modification: If needed, circle one appropriate for the student: CHOPPED GROUND PUREED	
22)*Physician's Signature	23)*Physician's Printed Name
24)*MD Medical License #	
25)*MD Phone Number	26)*Date
27) Name/Phone # of Registered Dietitian following student:	