HAMILTON COUNTY SCHOOLS

Medical Request for School Meal Modifications

This form is required to be completed for modifications to school meals, which includes monitoring and restricting a student's meal options. **Part B must be completed by a recognized medical authority**, which includes a medical doctor, physician assistant, nurse practitioner, doctor of osteopathy, dentist, optometrist, or podiatrist. Actions will be taken upon receipt to ensure the student receives safe meals; however, full accommodations can take up to 3 weeks to implement, especially if special foods need to be ordered.

Part A: To be completed by Parent/Guardian

A1. Student Name:	**A7. Date of Birth** / **A8.** ☐M ☐F
A2. Name of School:	**A9. Grade Level/Classroom or Homeroom:**
A3. Parent/Guardian Name (please print):	**A10. Home Address, City State, Zip Code (REQUIRED):**
A4. Home Phone: **A5. Work Phone:**	
A6. Email address:	

I give permission to the School Nutrition Central Office to contact the recognized medical authority listed below on these orders if clarification is needed (signature not required for accommodations).

A11. Parent/Guardian's Signature: **A12. Date:**

Part B: To be completed by Physician/Medical Authority ONLY*(See instructions on back of this form). A PARENT CAN'T COMPLETE.

B1. Please state the physical or mental condition/impairment(s) that affects this student's diet. (REQUIRED)

☐ Autism ☐ Cystic Fibrosis ☐ Diabetes ☐ Food Intolerance ☐Other: _____
☐ Celiac's Disease ☐ Dental Condition ☐ Failure-to-Thrive ☐ IBS or Chron's
☐ Cerebral Pasly ☐ Dysphagia ☐ Food Allergy ☐ In-Born Error of Metabolism (specify: _____)

B2. Please describe how the physical or mental condition/impairment(s) listed above restricts this student's diet. (REQUIRED)

☐ Food/texture aversion ☐ Ingestion causes choking ☐ Ingestion causes organ damage ☐Other: _____
☐ High caloric needs ☐ Ingestion causes GI distress ☐ Limits ability to chew _____
☐ Ingestion causes anaphylaxis ☐ Ingestion causes hives/rash ☐ Specific nutrient of concern: _____

B3. If the impairment restricts specific foods, please specify below.

Milk, please clarify:
☐ Fluid Milk
☐ Ice Cream
☐ Cheese
☐ Yogurt
☐ Casein & Whey
☐ **Soy**
☐ **Fish**

Eggs, please clarify:
☐Whole Eggs(ex: scrambled, hard boiled, etc.)
☐ All foods with egg/ egg derivatives
☐ **Wheat**
☐ **Gluten**
☐ **Shellfish**

☐ **Peanuts**
☐ **Tree Nuts (ex: almond, pecan, walnut, etc.)**
☐ **Sesame**
☐ **Other, please list:** _____

If the student can tolerate these allergens BAKED in foods, please specify the allergen(s) that apply and foods that meet this exception.

B4. Please indicate the accommodation(s) to the student's meals that is/are requested. (REQUIRED)
If foods are to be eliminated from the diet, please recommend substitutions. If the student is allergic to fluid cow's milk, indicate alternative(s) to be provided (i.e. soy milk, almond milk, etc.).

B5. If the student needs texture or liquid modifications, please indicate below:
☐Mechanical Soft Solids & Chopped Meats (Dysphagia Level 3) ☐ Fork Mashable Solids & Ground Meats (Dysphagia Level 2)
☐Pureed Solids & Meats (Dysphagia Level 1) ☐ Other (Specify):
Liquid Consistency: ☐ Thin ☐ Nectar Thick ☐ Honey Thick ☐ Pudding Thick

B6. Physician's Printed Name:	**B7. Physician's Phone #:**
B8. Physician or Medical Authority's Signature (REQUIRED):	**B9. Date:**

Note: The physician/medical authority is to fax this form to 423-498-6709.

What Else You Need to Know

Process for Requesting Meal Modifications

Receipt of this form will be considered a formal request for meal modifications. A form is required for meal modifications; however, school staff will take immediate action to provide safe meals to students while a form is being completed. In these cases, the parent/guardian is responsible for getting a form completed as soon as possible. A meal modification can be requested at any time.

Decision and Processing Times

HCS will provide reasonable accommodations that allow the student to access a safe school meal. A Registered Dietitian reviews and approves each form and provides a communication home, by email or by letter, explaining the decision. The decision letter will include information regarding the appeal process, as outlined below under "Procedural Safeguards".

Standard processing time is within 2-3 school days. Staff will take immediate action to provide safe meals to the student during processing; however, full accommodations can take up to 3 weeks, especially if special foods need to be ordered.

If a medical statement is provided and does not fully explain the modification needed, an amended medical statement will be requested as soon as possible. However, the school will provide meal accommodations to the student based on the existing medical statement, to the greatest extend possible, while they wait for the additional information.

Form Updates

Forms are considered a diet prescription, and the cafeteria staff must follow it as written. If the student requires a different modification, a new form, signed by a recognized medical authority, must be provided. If a parent/guardian no longer wants any accommodation for their student, the parent may submit the request in writing.

Approved accommodations are in place for the duration of a student's time at Hamilton County Schools, and forms are not required to be completed annually.

Product/Ingredient Changes

When sourcing new products or changing recipe ingredients, updated allergen information will be provided to schools. However, manufacturers can change ingredients or manufacturing practices without notification, and HCS cannot guarantee all allergen information will be accurate.

Record Keeping and Sharing

This form is kept confidential and is only shared to the extent needed to protect the student's safety. The form may be kept on file by the School Nutrition Program, Exceptional Education, 504 Coordinator, School Health, and/or other staff.

Parents/guardians have the right to examine records pertaining to their meal modification request. To do so, contact the School Nutrition Central Office at 423-498-7275.

Procedural Safeguards

Parents/guardians have the right to file a grievance if they do not agree with the accommodations provided or the process of receiving accommodations. The parent/guardian also has the right to a prompt and equitable solution of the grievance. The parent/guardian should contact the School Nutrition Central Office at 423-498-7275 to discuss the matter. If after contacting the School Nutrition Central Office the concerns are not addressed, please contact the 504 Coordinator for Hamilton County Schools at 423-498-7082 to request an impartial hearing, where the parent/guardian has the option to be represented by counsel.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
   U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights
   1400 Independence Avenue, SW
   Washington, D.C. 20250-9410; or
2. **fax:**
   (833) 256-1665 or (202) 690-7442; or
3. **email:**
   Program.Intake@usda.gov

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