

**NUTRITION SERVICES DEPARTMENT**

3101 Redding Ave. • Sacramento, CA 95820-2122

(916) 395-5600

Diana Flores, Director

Physician's Rx for Special meals at School

(for the accommodation of severe conditions or food allergies substantially limiting major life activities or major bodily functions)

Rev. 11/12/24

USDA Regulations 7 CFR Part 15b require substitutions or modifications in school meals for children whose conditions restrict their diets and will be provided substitutions only when supported by a written medical statement from a state licensed healthcare professional (RD, physician, physician assistant or nurse practitioner) The condition must affect a Major Life-Activity or Major Bodily Function. The physician's statement must identify: ☐ the child's physical or mental impairment affected; ☐ an explanation how the impairment restricts the diet; ☐ the food or foods to be omitted from the child's diet - listing the specific foods that must be omitted from the diet; and ☐ the suggested food substitutions - listing specific foods to include in the diet

All requests for Special Diets will be reviewed and approved by the Nutrition Services Department. Contact number: 395-5600

PARENT**PARENT/GUARDIAN: PLEASE COMPLETE ITEMS # 1-7.**

Sign and date the form, take to Doctor and return to School Nurse, Cafeteria or Nutrition Services for processing.

1. Student's Name: _____ 2. Date of Birth: _____ 3. Grade: _____ 4. School: _____
4. Home Phone #: _____ 5. Daytime Phone #: _____ 6. Other Phone: _____
7. Parent/Guardian Name: _____ Address: : _____
Signature: _____ Date: _____

PHYSICIAN'S DIETARY STATEMENT FOR CHILDREN WITH DISABILITIES:

8. Does the student have a disability that restricts his/her diet and limits a major life activity? (see check boxes below)

Check one box: ☐ Yes If "yes", complete the remainder of the form.
☐ No If "no", then no meal accommodation is required.

9. Please check the category into which the child's disability falls:

- | | |
|--|---|
| <input type="checkbox"/> Orthopedic impairment requiring texture modification. | <input type="checkbox"/> Food Anaphylaxis (severe food allergy). |
| <input type="checkbox"/> Metabolic Conditions or Inborne Errors of Metabolism. | <input type="checkbox"/> Major bodily function: immune or digestive function |
| <input type="checkbox"/> Neuromuscular conditions or diseases affecting the blood. | <input type="checkbox"/> Mental / Emotional / Sensory or Learning Disabilities. |
| | <input type="checkbox"/> Other _____ |

MODIFICATION NEEDED:

<input type="checkbox"/> Chopped	<input type="checkbox"/> Mechanical Soft	<input type="checkbox"/> Pureed	<input type="checkbox"/> Tube Feeding	<input type="checkbox"/> _____ gm CHO	<input type="checkbox"/> _____ gm Pro	<input type="checkbox"/> other _____
----------------------------------	--	---------------------------------	---------------------------------------	---------------------------------------	---------------------------------------	--------------------------------------

10. Describe the **disability**; "physical/mental impairment" that restricts a **major life activity, a major bodily function** or the **severe &/or anaphylactic reaction** resulting from a severe food allergy, and **why it restricts the child's diet**.

PHYSICIAN

11. Describe in detail the diet restriction to ensure proper implementation.

12. Please Indicate foods to Omit:

13. Allergy / Modification Substitutions:

If Eggs -	<input type="checkbox"/>	Omit plain eggs, only
	<input type="checkbox"/>	Omit all products containing eggs
	<input type="checkbox"/>	Omit liquid milk only
If Milk / Dairy -	<input type="checkbox"/>	Omit all products containing milk
	<input type="checkbox"/>	Substitute Lactaid for milk
	<input type="checkbox"/>	Substitute water for milk
	<input type="checkbox"/>	Other _____

14. Physician Name: _____
15. Medical License #: _____
16. State Licensed Signature: _____
17. Date: _____ 18. Phone #: _____

19. M.D. Office Stamp:

Sacramento City Unified School District is an equal opportunity provider and employer.