

# Special Diet Statement

School Food Authorities (SFAs) must make reasonable substitutions to meals on a case-by-case basis for children who are considered to have a disability that restricts their diet: School Nutrition Program – 7 CFR 210.10(m). According to the ADA Amendments Act, most physical and mental impairments that substantially limit or affect one or more major life activities or bodily functions will constitute a disability.

SFAs are not required to accommodate special dietary requests that do not constitute a disability, including requests related to religious or moral convictions or personal preference. If these requests are accommodated, sponsors must ensure that all USDA meal pattern and nutrient requirements are met.

This form must be completed by a licensed physician, physician assistant, or an advanced practice registered nurse, such as a certified nurse practitioner. Updates to this form are required only when a participant's needs change.

Note to Districts/Schools: Parents/Guardians may provide a written request for lactose-reduced milk without a physician's signature.

If you have any questions please contact Donna Bryant, Food Service Director at 320-396-5204 or by email at [dbryant@braham.k12.mn.us](mailto:dbryant@braham.k12.mn.us)

## Participant Information

Participant's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

\_\_\_\_\_  
Last/First/Middle Initial

Name of School/Center/Site Attended: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

## Required Information: Dietary Accommodation

1. State the allergen or food to be avoided:

\_\_\_\_\_

2. Brief explanation of how exposure to this food affects the participant:

\_\_\_\_\_

3. List specific foods to be omitted and substituted. Attach a sheet with additional instructions as needed.

| Foods to be Omitted | Foods to be Substituted |
|---------------------|-------------------------|
|                     |                         |
|                     |                         |
|                     |                         |

## Additional Information

|                       |        |        |                   |              |
|-----------------------|--------|--------|-------------------|--------------|
| Texture Modification: | Pureed | Ground | Bite-Sized Pieces | Other: _____ |
|-----------------------|--------|--------|-------------------|--------------|

|               |                       |
|---------------|-----------------------|
| Tube Feeding: | Formula Name<br>_____ |
|---------------|-----------------------|

Administering Instructions:

\_\_\_\_\_

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| Oral Feeding | Yes / No |
|--------------|----------|
|--------------|----------|

Please circle one

If yes, specify foods: \_\_\_\_\_

Other Dietary Modification Or Additional Instructions (describe):

\_\_\_\_\_

\_\_\_\_\_

Please return completed form to: Braham Area Schools #314 Fax 320-396-3068.

If you have any questions please contact Donna Bryant, Food Service Director at 320-396-5204

## Signature

Licensed physician, physician assistant, or advanced practice registered nurse such as a certified nurse practitioner must sign and retain a copy of this document.

Prescribing Authority Credentials print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Clinic/Hospital: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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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/ad-3027.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](mailto:program.intake@usda.gov)

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