



Lincoln Public Schools

P.O. Box 82889 • Lincoln, NE 68501 • (402) 436-1000 • (Fax) 436-1620

Dear Parent or Guardian,

If your child will require a special diet or will need the school meal to be modified due to a medical condition, please have the *Medical Statement for Children with Special Nutritional Needs* completed (see back of this letter). If you need a vegetarian diet, you do not need to fill out a medical statement.

Information required includes:

- The child's medical condition that can be corrected by a modified diet.
- An explanation of how the medical condition restricts the child's diet.
- The foods to be omitted from the child's diet, and the food or choice of foods that need to be substituted.
- Parents may request soy milk or lactose free for their child, without the signature of a health care professional.
- A request for rice milk or almond milk, requires a signature from your health care professional because these products are not nutritionally equivalent to cow's milk.

We cannot accept a note from a physician on a prescription pad or office letter head, as it does NOT contain the required information or parent signature.

To ensure that Nutrition Services staff are adequately informed and have the correct types of foods available to accommodate your student's special diet, please allow 5 school days for the necessary foods to be available for your child. During the planning process, please send a lunch from home.

Send the completed Medical Statement for Children with Special Nutritional Needs form to your school's health office or fax it to Nutrition Services at 402-436-1775. Contact Lynn Goering, RD, at 402-436-1745 or lgoering@lps.org in Nutrition Services if you need further information.

Lincoln Public Schools Nutrition Services MUST follow the Medical Statement documentation that is on file. We understand that a student's diet may change, but until further documentation is received the original Medical Statement for Children with Special Nutritional Needs will be followed.

For more information on accommodating your student with special diet needs visit the Lincoln Public Schools website at <http://home.lps.org/ns/nutrition/special-diets/> or click on "Meal Menus" at the left side of the LPS home page under popular pages.

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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov

This institution is an equal opportunity provider.

MEDICAL STATEMENT FOR STUDENTS WITH SPECIAL NUTRITIONAL NEEDS
Nutrition Services Department
Lincoln Public Schools

Name of Child: _____ Date of Birth: _____
First Last

Grade: _____ School: _____ Student ID: _____

Printed Name of Parent/Guardian: _____

Email Contact: _____ Primary Phone: _____ Secondary Phone: _____

TO BE COMPLETED BY HEALTH CARE PROFESSIONAL

FAX TO (402) 436-1775

Child's Diagnosis or Condition: _____

Does the child have an identified disability, an Individualized Education Program (IEP) Plan or potential for a severe allergic reaction (anaphylaxis) to food? Yes (MD must sign form) No (Alternate health care professional may sign) *See below.

Diet Prescription (check all that apply)	Consistency Alterations
<input type="checkbox"/> Calorie Level: _____/Meal _____/Day <input type="checkbox"/> Diabetic: _____gm CHO/meal <input type="checkbox"/> Gluten Free Diet <input type="checkbox"/> Food Allergy Type: _____ <input type="checkbox"/> Food Intolerance Type: _____ <input type="checkbox"/> Dairy Free <input type="checkbox"/> Rice <input type="checkbox"/> Almond Milk (<i>MD signature required</i>) <input type="checkbox"/> Soy Milk <input type="checkbox"/> Lactose Free Milk (<i>Parent may select</i>) <input type="checkbox"/> Parent/Student will select from regular menu <input type="checkbox"/> Religious: <input type="checkbox"/> No Pork <input type="checkbox"/> Vegetarian (<i>Parent may select</i>)	<input type="checkbox"/> Thin <input type="checkbox"/> Chopped <input type="checkbox"/> Nectar-Like <input type="checkbox"/> Ground <input type="checkbox"/> Honey-Like <input type="checkbox"/> Pureed <input type="checkbox"/> Spoon-Thick <input type="checkbox"/> Regular-No Change Needed <input type="checkbox"/> Pudding <input type="checkbox"/> Other: _____

For ALL special diets, list specific foods to be omitted and substitutions (you may attache additional pages):

Foods to Omit	Recommended Substitution

Indicate any other comments about the child's eating or feeding patterns, including tube feeding if applicable:

Signature of Physician/Medical Authority*	Printed Name	Phone Number	Date
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** A licensed physician's (MD or DO) signature is required for students with a disability. For students without a medical diet related disability, a licensed physician or recognized medical authority (physician's assistant (PA), advanced registered nurse practitioner (ARNP), licensed medical nutrition therapist (LMNT), or a chiropractic physician may sign the form. A religious or vegetarian diet can be requested with only a parent signature. An individual with a disability is described under Section 504 of the Rehabilitation Act and the Americans with Disability Act (ADA) as a person who has a physical or mental impairment that substantially limits one or more "major life activities", including the education day and has a record of such impairment, or is regarded as having such an impairment.*

I give my permission for the school to follow the above diet and agree to allow the school to share information on a "need to know" basis with their employees in order to accommodate meals and food related activities. I agree to allow my child's health care provider and school personnel to discuss information on this form.

Parent/Guardian Signature: _____ Date: _____

RETURN ORIGINAL TO HEALTH OFFICE, COPY TO KITCHEN