



SUBJECT: Doctor Statements Required for Food Allergies or Medical Disability in Child Nutrition Programs (Revised)
CACFP –45.1
CACFPDCH –29.1
NSLP – 47.1
SFSP – 24.1

TO: Authorized Representatives
Child Nutrition Programs

DT: January 24, 2003

FR: Sandra Kangas, Director

A copy of this memo should be provided to the Food Service Director, and the original placed with the numbered memo series from Child and Adult Nutrition Services (CANS). Copies of previous memos can be obtained from the CANS office.

This revised memo reviews procedures for the provision of dietary substitutions and clarifies the issue of which signatures are valid on a statement of need that *requires* a local agency to provide an alternate food or meal for a child with a disability that threatens a major life activity. The guidance is drawn from federal regulations and state law. Local agency here means a school, child care center, or other agency that enters into agreement with Child and Adult Nutrition Services to provide meals to children through one or more of the USDA nutrition programs such as Child and Adult Care Food Program, National School Lunch Program, School Breakfast Program, and Summer Food Service Program.

Each set of nutrition program federal regulations requires agencies to make substitutions in the planned menu for a child with a disability that is under the protection of 7 CFR Part 15B and show that disability restricts their diet. Local agencies may also make substitutions for other children who are unable to consume the regular meal because of medical or other special dietary needs. Substitutions shall be made on a case by case basis only when supported by a statement of need. Substitutions include recommended alternate foods, unless otherwise exempted by Food Nutrition Services (FNS). Such statement shall be signed by a medical doctor or, in the case of a non-handicapped child, by a recognized medical authority.

Required diet prescription for a child with a disability that threatens a major life activity

The South Dakota Department of Education and Cultural Affairs' Office of Child and Adult Nutrition Services (CANS) has determined that, in keeping with licensing regulations set forth in South Dakota Codified Law (SDCL), the statement of need for a required diet change/adaptation shall be signed by a *physician who is licensed pursuant to chapter 36-4*.

The licensing of physicians pursuant to SDCL 36-4 does not include chiropractors, opticians, dentists, orthodontists, and physical therapists. Although some of the above-named healthcare providers use the title "Dr." in front of their name, only physicians licensed pursuant to SDCL 36-4 may append the letters M.D. or D.O. to their name (SDCL 36-4-9). Therefore, signatures shall be considered valid only if the physician uses, or is licensed to use, M.D. or D.O. after his/her name. A parent who is an M.D. or D.O. may sign his or her own child's statement of need.

The prescription for a child with a disability that threatens a major life activity, thus requiring the local agency to provide an alternate meal or food, must:

- Specify the disability;
- State clearly that the disability threatens a major life activity;
- State clearly the major life activity that is threatened;
- Specify what foods are to be omitted or replaced;
- Specify how foods are to be prepared or manipulated in order to be consumed (such as "ground" or "pureed");
- Be signed by a physician who is licensed in South Dakota pursuant to SDCL 36-4.

Other Special Diet Requests

Some children do not have a disability but are unable to consume the regular meal because of medical or other special dietary needs. A recognized medical authority may submit a form requesting special dietary substitutions in these cases. These children may have a medical condition but do not have a disability that threatens a major life activity. The local agency has the option whether or not to meet these requests.

There are important differences between the optional substitution described above and the required substitution described earlier in this memo:

- Local agencies *may* choose to make substitutions and/or special preparations in these cases, on a case by case basis; however, a local agency is not required to follow a diet prescription UNLESS the child has a disability that threatens a major life activity as verified by a physician licensed in South Dakota pursuant to chapter 36-4.
- Local agencies must have a signed form if choosing to make modifications BUT the form does not have to be signed *by a physician who is licensed pursuant to SDCL 36-4* for the requests that are not relevant to threatening a major life activity. Federal law requires only that a recognized medical authority sign such forms. A recognized medical authority might be a physician's assistant, registered dietitian/licensed nutritionist, or others who have studied medicine and nutrition and would be qualified to make such a request.

Both federal law and the South Dakota Office of Child & Adult Nutrition Services encourage local agencies to provide the dietary substitution for children who are unable to consume the regular meal because of medical or other special dietary needs.

Documentation

Attached are a “Special Diet Prescription for Meals” and a “Special Diet Request for Meals” form that the local agency can supply to a family that is requesting a dietary modification. Use of this form will standardize procedures throughout the agency and insure that all necessary information and signatures are obtained. Other forms are acceptable – this is only guidance.

Whenever a local agency provides a dietary modification for a child, whether mandatory or voluntary, two criteria must be met:

- The completed and signed form must be kept on file with all other nutrition program files for the current year;
- The form should be reviewed, updated and signed by the physician (if required) or recognized medical authority every year. It is known that some conditions can be outgrown; a child’s needs may change for a number of reasons.

If further questions arise, please do not hesitate to contact the South Dakota Office of Child and Adult Nutrition Services at 605-773-3413 or 800 Governors Drive, Pierre, SD 57501.

Encl: “Special Diet Prescription for Meals”
“Special Diet Request for Meals”
Definition of Handicapped Person

Special Diet Prescription for Meals

PART 1 - TO BE FILLED OUT BY PARENT/GUARDIAN OR LOCAL AGENCY

Child's Name: _____ Birth date: _____

Attendance Center (school, child care, etc.): _____

Parent/Guardian name _____

Parent/Guardian contact number(s) _____

PART 2 - TO BE FILLED OUT BY PHYSICIAN

Diagnosis: _____

Describe the patient's disability and the major life activity affected by the disability:

Does the disability restrict the individual's diet: Yes ___ No ___ If yes, list food(s) to be omitted from the diet and food(s) that may be substituted (Diet Plan):

Foods to Omit:

Foods to Substitute:

I certify that the above named child needs special meals prepared as described above because of the child's disability or chronic medical condition.

Physician signature _____ Date: _____

Office phone number _____

____ Original to Child's file

____ Copy to Kitchen

____ Copy to Dietitian/Food Service Director

Special Diet Request for Meals

PART 1 - TO BE FILLED OUT BY PARENT/GUARDIAN OR LOCAL AGENCY

Child's Name: _____ Birth date: _____

Attendance Center (school, child care, etc.): _____

Parent/Guardian name _____

Parent/Guardian contact number(s) _____

PART 2 - TO BE FILLED OUT BY RECOGNIZED MEDICAL AUTHORITY

Diagnosis: _____

Describe the patient's need for special diet:

List food(s) to be omitted from the diet and food(s) that may be substituted (Diet Plan):

Foods to Omit:

Foods to Substitute:

I certify that the above named child needs special meals prepared as described above.

Recognized Medical Authority signature _____ Date: _____
Office phone number _____

- ____ Original to Child's file
____ Copy to Kitchen
____ Copy to Dietitian/Food Service Director

Definition of Handicapped Person

7 CFR Subtitle A, Section 15b.3 Definitions

(i) “Handicapped person” means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.

(j) “Physical or mental impairment” means (1) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological; musculoskeletal; special sense organs; respirator, including speech organs; cardiovascular; reproductive; digestive; genitourinary, hemic and lymphatic; skin; and endocrine; or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term “physical or mental impairment: includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments; cerebral palsy; epilepsy; muscular dystrophy; multiple sclerosis; cancer; heart disease; diabetes; mental retardation; emotional illness; and drug addiction and alcoholism.

(k) “Major life activities” means functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

(l) “Has a record of such impairments” means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities.

(m) “Is regarded as having an impairment” means (1) has a physical or mental impairment that does not substantially limit major life activities but that is treated by a recipient as constituting such a limitation: (2) has a physical or mental impairment that substantially limits major life activities only as a result of the attitudes of others towards such impairments, or (3) has none of the impairments defined in paragraph (j) of this section, but is treated by a recipient as having such impairment.

Office of the Secretary, USDA