



SPECIAL DIETARY NEEDS FORM

Frederick County Public Schools

Frederick, Maryland

Office 240-586-8152, Fax 240-586-8151

Form 400-06-F01-E

[Regulation 400-06](#)

August 2024

Clear Form

PARENT/GUARDIAN AUTHORIZATION

Name of Student _____ Date of Birth _____

School Name _____ School Year _____ Grade _____

Parent/Guardian Name (*printed*) _____

Parent/Guardian Email _____

Parent/Guardian Phone Number _____

I understand that if medical needs change, it is my responsibility to notify the school and to submit an updated Special Dietary Needs Form. I give my permission to share the information on this form with the individuals who take part in the care of the above-named individual.

Parent/Guardian Signature _____ Date _____

HEALTH CARE PROVIDER AUTHORIZATION

Does the student have food allergies or intolerances? Yes No

If yes, please select the allergen from the list below

- | | | |
|---|---|---|
| <input type="checkbox"/> Wheat | <input type="checkbox"/> Gluten | <input type="checkbox"/> Peanuts |
| <input type="checkbox"/> Dairy (Allergy or Lactose Intolerance) | <input type="checkbox"/> Eggs | <input type="checkbox"/> Tree Nuts |
| <input type="checkbox"/> Milk baked in products are ok
(ex. pancakes, muffins, etc.) | <input type="checkbox"/> Eggs baked in products are ok
(ex. pancakes, muffins, etc.) | <input type="checkbox"/> Fish |
| <input type="checkbox"/> Yogurt is OK <input type="checkbox"/> Ice Cream is OK | <input type="checkbox"/> Soy | <input type="checkbox"/> Shellfish |
| <input type="checkbox"/> Cooked Cheese (ex. pizza) is OK | <input type="checkbox"/> Soybean Oil is OK <input type="checkbox"/> Soy Lecithin is OK | <input type="checkbox"/> Sesame |
| <input type="checkbox"/> Cold Cheese (ex. string cheese) is OK | | |

Other: _____

Does the student have other special nutritional or feeding needs? Yes No

Describe the special diet/feeding needs such as modified textures (ex. pureed), diabetes, etc.

I certify that the above-named individual requires diet modifications as described above because of the specified food allergy or other disability.

Health Care Provider's Name (*printed*) _____ Office Phone# _____

Health Care Provider's Signature _____ Date _____

This institution is an equal opportunity provider.

Procedure for Special Dietary Needs

Food & Nutrition Services
FREDERICK COUNTY PUBLIC SCHOOLS
Frederick, MD
Office 240-586-8152, Fax 240-586-8151

AMERICANS WITH DISABILITIES ACT

Agencies participating in federal child nutrition programs (National School Lunch Program, School Breakfast Program, Child and Adult Care Food Program, and Summer Food Service Program) are required to make reasonable accommodations for children and adults who have a disability that restricts their diet, including food allergies. The Americans with Disabilities Act defines disability as "a physical or mental impairment that substantially limits one or more major life activities" or bodily functions of an individual. This definition is intentionally broad and covers most physical and mental impairments, including temporary or episodic impairments.

LICENSED MEDICAL AUTHORITY'S STATEMENT FOR CHILDREN WITH DISABILITIES

FCPS Food and Nutrition Services (FNS) staff works collaboratively with parents and other school district staff to ensure an equal opportunity to participate in school meal programs and receive program benefits. Schools are required to make substitutions to meals for students with a disability; substitutions that do not meet the United States Department of Agriculture (USDA) meal pattern requirements are on a case-by-case basis and provided when supported by a written statement from a state-licensed healthcare professional which can be made on the ***Special Dietary Needs Form*** (page 1).

OTHER SPECIAL DIETARY NEEDS

Schools are required to make reasonable accommodations for students with disabilities that directly affect their diet. In many cases, disabilities can be managed within the USDA meal pattern requirements and may not even require a health care provider's signature; although, the ***Special Dietary Needs Form*** (page 1) should still be completed and signed by the parent/guardian so FNS is aware of the disability. FNS is not required to provide the specific substitution or other modification requested but will offer a reasonable modification that effectively accommodates the student's disability and provides equal opportunity to participate in or benefit from the program. Dietary changes due to religious preferences such as "no pork" or general health concerns such as a "vegetarian diet" or "no added sugars" because a parent/guardian believes it is better for the student are not disabilities and do not require accommodation; however, we do note these requests for informational purposes and attempt to accommodate them.

PROCEDURE

The *Special Dietary Needs Form* should be completed/renewed yearly. Once the ***Special Dietary Needs Form*** has been completed, the form is sent to the school health staff who then forwards it to FNS. The ***Special Dietary Needs Form*** is sent to the registered dietitian who then adds the special dietary needs or the food allergies or sensitivities to our electronic Point of Service (POS or cash register) so it can be seen by the cashier when a child gets a meal or snack. If the dietitian has questions about the special needs or requests on the form, the parent or guardian will be contacted to clarify. Please note: the ***Special Dietary Needs Form*** is to be utilized independently or in addition to a 504 plan.