



Garretson School District Food Service

Date 8-7-2023

Dear Parent or Guardian:

It has come to our attention that your student may require a dietary modification. Please review the enclosed materials we have gathered to help facilitate the process; they are designed to give you a good overview of the process and menu outcomes. Federal regulations and state law require specific documentation for diet modifications if they are to be addressed and monitored by the School Food Service. We request that you obtain and submit the required documentation to be kept on file for your student.

Materials Enclosed

I. Special Diet form that is required by the state of South Dakota.

- a. Because of the difficulty in administering special diets, the USDA only requires that school food service provide one alternative meal to students with a disability. Due to ingredient and recipe changes made by our manufacturer and distributor suppliers, Lunchtime cannot warrant the accuracy of the product and/or recipe information that we provide beyond the one meal required by USDA. All students with a disability must have a signature from an MD or DO physician.
- b. If a student does not have a disability, but, instead, an "other special diet request", it is at the discretion of the School Food Service if substitutions or modifications will be made.

It is important to note that the request can't be addressed by school food service without your physician filling out the forms completely, including: Certification that the condition is a disability, identifying the major life activity affected by the disability, and the meal prescription itself as opposed to foods to avoid.

2. **Definition of Disability:** This should be used by your physician to verify what "major life activity" is impaired. Please note that The Americans with Disabilities Act (ADA) Amendments Act of 2008 made important changes to the meaning and interpretation of the term "disability" under the ADA and under Section 504 of the Rehabilitation Act of 1973. These changes were intended to restore the broad scope of the law by making it easier for individuals to establish that they have a disability.

3. **Nutritional Information Limitations and Terms:** This document identifies the limitations school food service has in accurately providing nutritional and or allergen information on products we purchase from food service suppliers. Your family should read over this information carefully to be fully informed on these limitations. We ask that you acknowledge your understanding of this information and your agreement to these terms of information usage with the signature of a parent or guardian.

Outcomes of the Process

We feel it is important to understand the outcomes of the process in terms of your student's menu. Because of the difficulty in administering special diets, meal variety may be limited for your student with a certified disability. If after reviewing the Nutritional Information Limitations and Terms, the parent or guardian agrees to those terms, school foodservice will work with you to provide additional options to your students menu.

If your family is not comfortable with those terms, school foodservice will of course provide the one alternative meal as required by the USDA and the National School Lunch Program.

Depending on the dietary modification and the age of the student, we have found that some students prefer to monitor their own diet by choosing what they will eat each day. If you would like to allow your student to be responsible for his or her own diet by making their own choices, please ask the physician to indicate this on the form. We have also had some physicians specify that the student should monitor his/her own diet restrictions, but that the School Food Service should insure that alternate choices are available on the menu.

If you are requesting that we provide ingredient or nutritional information with which to make these daily choices, please review the Nutritional Information Limitations and Terms and acknowledge your understating with a signature from a parent or guardian.

Please be sure your student's physician completes all portions of whichever form he/she deems appropriate and return the completed form to the School Food Service office, located at the Kitchen Office

Sincerely,

Christina Crow

c.crow@lunchtimesolutions.com

507-360-2715

Food Service Director

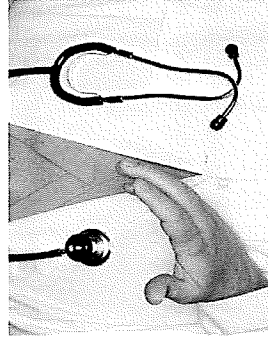
SPECIAL DIET FORM

Important! Select the applicable meal modification category from the three listed below. Then, carefully read and follow the procedures for that category. The school/agency will return incomplete Medical Statements to the parent/guardian. **It is recommended that you keep a copy of the completed form.** If you have any questions about this form, contact the school/agency.

Definitions: An 'agency' on USDA Child Nutrition Programs might be a school, child care center, adult day care center, child care home, sponsoring organization, or institution. A 'participant' on USDA Child Nutrition Programs would be a student, child, or adult (in a day care setting) who receives meals at an agency.

Note to Parent/Guardian/Participant: As stipulated in FNS Instruction 783, Rev. 2, Section V Cooperation: When implementing the guidelines of this instruction, food service personnel should work closely with the parent(s) / guardian(s) / participant or responsible family member(s) and with all other medical and community personnel who are responsible for the health, well-being and education of a participant with a disability that affects the diet to ensure that reasonable accommodations are made to allow the individual's participation in the meal service.

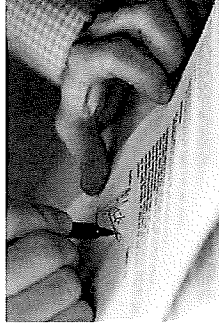
1. Special Diet Order due to a disability:



- A school/agency is required to provide a special diet prescribed by a licensed physician to accommodate a participant's disability. See the 'Definition of Disability' on the back of this form.
- Part B of this form must be completed by a licensed physician (MD or DO).
- Parts A and C of this form must also be completed before the school/agency can provide a special diet.
- The special diet required for a disability will continue until a licensed physician requests that the modification be changed or stopped.
- It is strongly recommended that a licensed physician annually update the special diet order.

2. Special Diet Request due to a food allergy, food intolerance or other medical condition that does not rise to the level of a disability:

- A school/agency has the option to provide a special diet requested by a recognized medical authority due to a food allergy, food intolerance or other medical condition that does not rise to the level of a disability.
- Part B of this form must be completed by a medical authority who is a licensed physician (MD or DO), physician's assistant (PA), Certified Nurse Practitioner (CNP), Certified Nurse Midwife (CNM), Registered Dietitian (RD), and Licensed Nutritionist (LN).
- For questions about recognized medical authorities, contact the school/agency.
- Parts A and C of this form must also be completed before the school/agency can provide a requested special diet (determined on a case by case basis).
- If provided, the requested special diet will continue until a recognized medical authority requests that the modification be changed or stopped.
- It is strongly recommended that a recognized medical authority annually update the special diet request.



3. Substitution for fluid cow's milk due to lactose intolerance, allergy, vegan diet, religious, ethical, or cultural reasons:



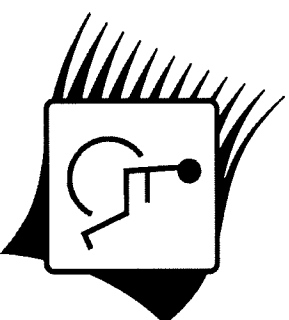
- A school/agency has the option to make a substitution for fluid cow's milk that is requested by a parent/guardian, but is not prescribed by a medical authority.
- Parts A and D on this form must be completed before the school/agency can make a substitution for fluid cow's milk.
- If a school/agency chooses to provide such a substitution, they will continue until a parent/guardian requests that the substitution be changed or stopped.

42 USC § 12102 – DEFINITION OF DISABILITY

(1) Disability

The term “disability” means, with respect to an individual—

- (A) a physical or mental impairment that substantially limits one or more major life activities of such individual;
- (B) a record of such an impairment; or
- (C) being regarded as having such an impairment (as described in paragraph (3)).



(2) Major life activities

(A) In general

For purposes of paragraph (1), major life activities include, but are not limited to: caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

(B) Major bodily functions

For purposes of paragraph (1), a major life activity also includes the operation of a major bodily function, including but not limited to: functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

(3) Regarded as having such an impairment

For purposes of paragraph (1)(C):

- (A) An individual meets the requirement of “being regarded as having such an impairment” if the individual establishes that he or she has been subjected to an action prohibited under this chapter because of an actual or perceived physical or mental impairment whether or not the impairment limits or is perceived to limit a major life activity.
- (B) Paragraph (1)(C) shall not apply to impairments that are transitory and minor. A transitory impairment is an impairment with an actual or expected duration of 6 months or less.

Definition of Recognized Medical Authority (per SDCL 36-2-2 and the Dietetics and Nutrition Practice Act, 36-10B)

The State of South Dakota recognizes the following as medical authorities in relation to non-required “**Special Diet Requests:**”

Medical Doctors (MD)
Doctors of Osteopathy (DO)
Physician Assistants (PA)
Certified Nurse Practitioners (CNP)
Certified Nurse Midwives (CNM)
Registered Dietitians (RD)
Licensed Nutritionists (LN)

SPECIAL DIET FORM

* Keep a copy of the completed form for your records.

Part A – Participant, Parent/Guardian, and School/Agency Contact Information – To be completed by a parent/guardian or school/agency contact person –

1. School/Agency Name	2. Site Name (if applicable)	3. School/Agency Telephone
4. Name of Participant		5. Date of Birth
6. Name of Parent or Guardian		7. Parent/Guardian Telephone

Part B – Special Diet – To be completed by a medical authority as defined above.

7. Check One:

- a. Participant has a disability.
- b. Participant has a food allergy/intolerance or other medical condition that does not rise to the level of a disability.

8. Specify the **disability, food allergy/intolerance, or medical condition requiring a special meal or accommodation (use extra pages if needed):**

9. If participant has a **disability** (see definition on instructions page), provide a **brief description of participant's major life activity** (see list on instructions page) **affected by the disability** (e.g. allergy to peanuts affects ability to breathe):

Check if not applicable

10. Describe the **type of special diet required** (e.g. low sodium, gluten-free, diabetic, etc.) Use extra pages if needed:

Check if not applicable

11. Modified Texture:

- Not Applicable Chopped
- Ground Pureed

12. Modified Thickness:

- Not Applicable Nectar
- Honey Spoon or Pudding Thick

13. Special Feeding Equipment (large handled spoon, sippy cup, etc.):

Check if not applicable

14. Foods to be omitted and substituted: (List specific foods to be omitted and suggested substitutions. You may sign and attach a sheet with additional information as needed.)

Check if not applicable

A. Foods To Be Omitted

B. Suggested Substitutions

_____	_____
_____	_____
_____	_____
_____	_____

IMPORTANT: For a participant who does not have a recognized disability, the only fluid milk substitutions allowed by USDA are: (1) lactose-free fluid cow's milk or (2) a non-dairy beverage with a nutrition profile equivalent to cow's milk as specified in federal regulations. Currently the only beverages meeting these specifications are certain brands of soy milk.

15. Signature of Preparer	16. Printed Name	17. Telephone Number	18. Date
19. Signature of Medical Authority	20. Printed Name	21. Title	

Part C – Parent/Guardian Permission – To be completed by a parent/guardian

I give permission for school/agency personnel responsible for implementing my child's special diet to discuss my child's special dietary accommodations with any appropriate school/agency staff and to follow the special diet for my child's school/agency meals. I also give permission for my child's medical authority to further clarify the special diet on this form if requested to do so by school/agency personnel.

22. Parent/Guardian Signature:	23. Date:
---------------------------------------	------------------

Part D – Request Substitution for Fluid Cow's Milk due to Lactose Intolerance, Allergy, Vegan Diet, Religious, Cultural, or Ethical Reasons – To be completed by parent/guardian.

24. Instead of fluid cow's milk, please provide the individual named in Part A of this form with the following substitute (check ONE):

- Lactose-free cow's milk
- Non-dairy beverage with a nutrient profile equivalent to fluid cow's milk per federal regulations

25. Parent/Guardian Signature:	26. Date:
---------------------------------------	------------------

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the **USDA Program Discrimination Complaint Form** found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of

Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

As stated above, all protected bases do not apply to all programs, the ***first six protected bases of race, color, national origin, age, disability and sex are the six protected bases for applicants and recipients of the Child Nutrition Programs.***

Student Name: _____ Allergy: _____

Nutritional information - Limitations and Terms

Lunchtime Solutions is able to provide nutritional information to students, parents, faculty or staff of or school districts upon request. This information is limited, and is intended as a general guide to help individuals make choices for products and recipes that they choose from the menu. You may wish to utilize the services of a registered dietitian or healthcare provider if you are screening menus, recipes or individual products for a particular nutrient value, or for a food allergen. By requesting and receiving this information you agree that:

Lunchtime's nutritional analysis is based on the information provided by their suppliers; food manufacturers and distributors. The information provided by these manufacturers and distributors is reviewed regularly by the contractor and is believed to be as current and as accurate as possible.

Lunchtime's food service suppliers, both food manufacturers and/or food service distributors, may change finished products or product ingredients without notice to their customers and foodservice operators. Those ingredient or product changes may significantly alter the nutritional values of recipes that we may serve. Variance in shop and kitchen conditions, as well as the use of substituted ingredients may affect the nutritional profile of the finished recipes.

Ingredients and food service finished product manufacturers routinely label products for allergens that are present. The information provided to you by the contractor is believed to be accurate based upon the supplier information at the time of the informational request. Because food suppliers to the contractor may change ingredients without notice, screening of products and or recipes for specific allergens including, but not limited to, peanuts, eggs, fish, shellfish, tree nuts such as walnuts and pecans, milk, wheat and soybeans, and their byproducts, may not be accurate.

Because of those variances outside of the control of school district or its contractor, Lunchtime Solutions, neither the district nor its contractor can guarantee nor shall be liable for the accuracy of nutritional information or allergen screening information that is provided.

Lunchtime does not warrant that the food served will be free of these allergens, as food suppliers of our contractor may change ingredients without notice. By signing this acknowledgement, you agree that you have read this agreement and that the information provided hereunder does not constitute a warranty that the nutritional information is completely accurate or that food served will be free of allergens.

I agree to the above limitations of the information provided to me by Lunchtime Solutions.

Signature _____ Date: _____

Print Name: _____

