



SCHERTZ-CIBOLO-UNIVERSAL CITY INDEPENDENT SCHOOL DISTRICT CHILD NUTRITION DEPARTMENT

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- ★ Meet the Nutritional Needs of Students
- ★ Improve Customer Satisfaction
- ★ Highly Qualified and Well Trained

Note to Parent / Guardian:

Definitions of Disability and of Other Special Dietary Needs

Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990, a "person with a disability" is any person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment or is regarded as having such an impairment. The term "physical or mental impairment" includes many diseases and conditions, a few of which may be orthopedic, visual, speech and hearing impairments; cerebral palsy; epilepsy; muscular dystrophy; multiple sclerosis; cancer; heart disease; metabolic diseases, such as diabetes or phenylketonuria (PKU); food anaphylaxis (severe food allergy); mental retardation; emotional illness; drug addiction and alcoholism; specific learning disabilities; HIV disease and tuberculosis. Major life activities covered by this definition include caring for one's self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

Information on Accommodations to School Meals for Students with Medical Disability

For a National School Lunch Program (NSLP) or School Breakfast Program (SBP) site to provide a meal accommodation for a student with a medical disability, the parent/guardian must provide a medical statement signed by a medical authority who is licensed by the State to write prescriptions. For this purpose, State is defined as the State of Texas.

The medical statement must include the following information in order for the CE to make the meal accommodation:

1. Statement explaining the student's medical disability which includes a description that is sufficient to allow the school to understand how this condition restricts the student's diet
2. Description of the accommodation to be made: food items or ingredients to be omitted, food items ingredients to be substituted, modified food texture, and/or other accommodation

If the medical statement requires substitutions, the medical statement should include a list of food or beverage items that are appropriate substitutions. Also note, a school is not required to provide a name brand product if another product with the same specifications is available.

If the licensed medical authority does not provide a medical statement that includes the information listed above, the school cannot make a meal accommodation.

When a school believes the medical statement is unclear or lacks sufficient detail, the school must request appropriate clarification so that a proper and safe meal can be provided. When clarification is provided, any changes to the medical statement must be provided in writing before the school implements the changes.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877- 8339. Additionally, program information may be made available in languages other than English.

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.

★ **SCUCISD Child Nutrition Mission Statement** ★

The mission of the Child Nutrition Team is to prepare and serve nutritious meals for student, staff, and visitors in a pleasant environment.

Schertz-Cibolo-Universal City ISD Child Nutrition Department

Medical Statement Form

(To Provide Information for a School to Make an Appropriate Meal Accommodation)

PART A. Student, Parent/Guardian, and School Contact Information – To be completed by a parent/guardian or school contact person. Incomplete forms cannot be processed and will be returned.		
Student's Name:	Date of Birth:	School:
Parent/Guardian's Name:		ID #
Parent/Guardian's Email:		Cell Phone:
Please check meals student will eat: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch		Please check if student has a: <input type="checkbox"/> 504 <input type="checkbox"/> IEP
PART B. Prescribed Diet Order – This part must be completed by a State Licensed Healthcare Professional		
Check ONE: <input type="checkbox"/> Student has a Disability/Impairment <input type="checkbox"/> Student has other medical condition that does not rise to the level of a disability		
1. Describe/explain the student's Disability/Impairment or medical condition:		
2. What major life activities/major bodily functions are affected by the Disability/Impairment or medical condition?		
<input type="checkbox"/> Student has a prescribed Epi-Pen		
3. How/why does this Disability/Impairment or medical condition restrict the student's diet?		
4. Explain/describe the meal accommodation for the child's Disability/Impairment or medical condition:		
5. Type of Special Diet: <input type="checkbox"/> Student does not require a special diet <input type="checkbox"/> Student requires a special diet. Please describe: (i.e. low sodium, gluten-free, diabetic, etc.)		
6. Foods to be Omitted and Substituted: <input type="checkbox"/> Not Applicable		

Dairy (Please specify) <input type="checkbox"/> No Fluid Milk <input type="checkbox"/> No Cheese <input type="checkbox"/> No Yogurt <input type="checkbox"/> No milk in ANY products (i.e. baked goods like bread, cookies) <input type="checkbox"/> Other: <input type="checkbox"/> Milk Substitute Needed. Specify Type (lactose-free, soy, etc.): _____ Additional Information:		
Eggs (Please specify) <input type="checkbox"/> Whole eggs <input type="checkbox"/> Eggs in foods (i.e. baked goods like bread, cookies) Additional Information:		
Other Allergens: <input type="checkbox"/> Wheat <input type="checkbox"/> Peanuts <input type="checkbox"/> Tree Nuts <input type="checkbox"/> Fish <input type="checkbox"/> Shellfish <input type="checkbox"/> Soy * * Soy Allergy: Research states that <i>soy lecithin</i> and <i>soy oil</i> is well tolerated by persons with soy allergy. If student avoid these ingredients, please check here <input type="checkbox"/>		
Other foods to be omitted: (please be as specific as possible)	Substitution:	
7. State Licensed Healthcare Professional Information – Must be completed by student’s health care provider. Please write clearly		
Signature	Title:	
Printed Name:	Phone:	Date:
Part C. Parent/Guardian Permission – To be completed by a parent/guardian		
I give permission for school personnel responsible for implementing my child’s prescribed diet order to discuss my child’s special dietary accommodations with any appropriate school staff and to follow the prescribed diet order for my child’s school meals. I also give permission for my child’s medical authority to further clarify the prescribed diet order on this form if requested to do so by school personnel. Parent/Guardian’s Signature: _____ Date: _____		

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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