

Instructions for Special Diet Authorization Form

APS Food and Nutrition Services will make modifications and substitutions to the regular school meals for a student with a disability that restricts their diet. The Special Diet Authorization Form must be completed and signed by a licensed healthcare provider for a student with a disability before the school cafeteria can provide any modifications or substitutions. The completed form must be provided to the Food and Nutrition Services Department, including the school cafeteria manager and the Dietitian. The school cafeteria staff will prepare the meal along with the other meals being served that day.

Follow these steps to ensure a student with a disability requiring special nutrition needs is served the proper diet in the school breakfast, lunch, and snack programs:

1. A Special Diet Authorization Form must be filled out completely, and signed by a licensed healthcare provider **annually**.
2. **Regulations require that this documentation be on file for each student who receives a special meal.** This documentation must be on file in the school cafeteria, nurse's office, and with the dietitian.
3. Work with the cafeteria manager and the APS dietitian to know what foods will be served at school.
4. The dietitian, school nurse, or other health professional may suggest the special dietary needs be included in the Individual Education Plan (IEP) or the 504 Plan, as appropriate.

APS Food and Nutrition Services will try to accommodate special dietary needs for students without a disability. However, the school is not required to serve special meals to children with food preferences that are not deemed a disability. Such determinations are made on a case-by-case basis by the APS dietitian, and must be supported by the same Special Diet Authorization Form signed by a licensed healthcare provider. Please be specific when describing a student's intolerance or allergen. i.e. "can have eggs baked into recipes, but no scrambled eggs" or "can have milk baked into recipes, but no fluid milk, please provide lactose free milk for meals" etc. Please also indicate whether or not the student eats school breakfast and/or lunch.

For further information such as definitions of disability, or other special dietary needs, as well as the school's responsibility, please visit USDA's Student Nutrition website at:

<https://www.fns.usda.gov/cn/accommodating-disabilities-school-meal-programs-guidance-qas>

Contact information for APS Dietitian:

Telephone: 505-345-5661 Extension: 38244

**Albuquerque Public Schools
Special Diet Authorization Form**

This form **MUST** be completed and signed by a licensed healthcare provider in order for a student with a disability or medical/dietary need to receive modifications or substitutions to the regular school meals. A new form must be completed **EVERY** school year. Please make distinction between dietary intolerance and allergy.

Date: _____

Student Name: _____ Student Number: _____

Date of Birth: _____ School: _____

Parent/guardian: _____ Phone Number: _____

HEALTHCARE PROVIDER PLEASE COMPLETE AND SIGN:

Diagnosis (es): _____ ICD-10 code(s): _____

Describe the Student's **Disability** or **Medical Condition** that requires the student to have a special diet:

History of anaphylactic reaction due to severe food allergy: Yes** No

If yes, please **also complete an *Allergy Action Plan* for epinephrine at school and return to the School Nurse.

History of allergy testing to indicate food allergy: Yes No

Intolerance to foods? If yes, which foods? _____

List food(s) to be omitted from the diet. Please be specific when describing a student's intolerance or allergen, i.e. "can have eggs or milk baked into recipes, but no scrambled eggs or fluid milk" etc. Please also indicate if the cafeteria needs to provide an alternative item such as lactose free milk.

Omit: _____

Alternatives: _____

Healthcare Provider's Signature: _____ Printed Name: _____

Phone Number: _____ Fax Number: _____

Address: _____

Non APS Dietitian consulting with the student:

Name: _____ Phone number: _____

Please return this completed and signed authorization form to the school nurse