May 23, 2007

Dear Parent or Guardian of Persons Requiring Special Diets:

Sponsors of United States Department of Agriculture, Child Nutrition Programs are committed to providing meals that meet the nutrition needs of those whom they serve, including individuals having disabilities requiring special diets. In order to modify meals to meet such needs, federal regulations require that sponsors have on file a medical statement signed by a physician. This statement helps to ensure that the physician's orders are clearly communicated to and carried out by the program sponsor.

Program sponsors may also provide modified meals to non-disabled persons whose medical conditions require special diets. In these cases, the required medical statement, may be signed by a physician or other recognized medical authority. These authorities include medical doctor (MD), doctor of osteopathic medicine (DO), registered dietitian (RD), registered nurse (RN), nurse practitioner (RNC), certified diabetes educator (CDE), or physician's assistant (PA).

A medical statement form, developed by the West Virginia Department of Education, is available from the program sponsor. Please contact this agency to obtain a copy or seek further information. If you need additional guidance, please call Celeste Peggs, MS, RD, LD, Coordinator at the Office of Child Nutrition, West Virginia Department of Education at 304-558-5363.

Sincerely,

Richard J. Goff, Executive Director
Office of Child Nutrition
West Virginia Department of Education

RJG:jlc

Indiv. Special Diet Needs/Special Dietary Needs Disk

revised 5/23/07

May 23, 2007

Dear Physician:

The attached medical statement form is designed by the West Virginia Department of Education to assist physicians in communicating the special diet needs of patients that participate in United States Department of Agriculture, Child Nutrition Programs. This form provides Program sponsors important information needed to plan and prepare meals for individuals with special dietary needs. If you have additional information necessary for the preparation or delivery of the special diet, please attach it to this physician's medical statement. If an individual is referred to a dietitian, please indicate that information on the medical form.

Federal regulations require agencies sponsoring these nutrition programs to provide modified diets for individuals with disabilities when prescribed by a physician. These regulations state that sponsoring agencies may also provide modified diets to non-disabled individuals supported by a recognized medical authority. A recognized medical authority is defined by the West Virginia Department of Education, as a medical doctor (MD), doctor of osteopathic medicine (DO), registered nurse (RN) , nurse practitioner (RNC), certified diabetes educator (CDE), physician's assistant (PA) or a registered dietitian (RD).

The West Virginia Department of Education appreciates your assistance and cooperation in helping better meet the dietary needs of your patients. Should you have questions or need information, please contact the sponsoring agency. If additional guidance is needed, please call Celeste Peggs, MS, RD, LD, Coordinator, Office of Child Nutrition at 304-558-5363.

Sincerely,

Richard J. Goff, Executive Director
Office of Child Nutrition
West Virginia Department of Education

RJG:CP:jlc

physician's letter/special dietary needs disk

Revised 5/23/07

SPECIAL DIETARY NEEDS
PHYSICIAN'S MEDICAL STATEMENT

Student's Name_____ Date of Birth_____

Does this patient have a medical condition/disability that affects her/his diet? Yes or No

Did you refer this patient to a dietitian for diet consultation? Yes or No

If yes, please indicate the consulting dietitian: Name_____ Phone Number _____

Diagnosis or Medical Condition_____

PLEASE MARK ALL AREAS BELOW THAT APPLY, SIGN AND DATE.

DIET RESTRICTIONS	**Day Total**	**Breakfast**	**Lunch**	**Snack**
Caloric Requirements	1200	_____	_____	_____
	1500	_____	_____	_____
	1800	_____	_____	_____
	2000	_____	_____	_____
Other **(Specify Calories)**	_____	_____	_____	_____
Carbohydrate Counting **(Specify Grams)**	_____	_____	_____	_____

Sodium Restriction **(Specify Milligrams):** _____
Fat Restriction _____
Cholesterol Restriction _____
Other Restrictions_____

FOOD ALLERGIES
Food(s) Patient **Can Not** Have

_____
_____
_____

SUBSTITUTIONS
Substitutions **Must Be** Listed

_____
_____
_____

TEXTURE CONSISTENCIES

Solids

Regular Chopped _____

Mechanical Soft with ground meat _____

Mechanical Soft with chopped meat _____

Pureed _____

Liquids

Regular _____

Nectar/Syrup _____

Honey _____

Pudding _____

NUTRITIONAL SUPPLEMENTS TO BE PROVIDED AT SCHOOL OR SITE **Please specify amount and frequency of feeding**

Oral Feedings _____ _____

Section 504 of the Rehabilitation Act of 1973 assures disabled individuals' access to meals. If an individual has a disabling condition that limits one or more major life activities and requires a special diet, a physician's statement is required. An updated physician's medical statement must be provided at the beginning of each new school year or when any change is prescribed. Schools or sites may make substitutions for non-disabled individuals who are unable to consume the regular meal because of medical or other special dietary needs. A statement from a recognized medical authority, e.g., a medical doctor (MD), doctor of osteopathic medicine (DO), registered nurse (RN), physician's assistant (PA), certified diabetes educator (CDE), nurse practitioner (RNC) or registered dietitian (RD) is required.

_____ _____ _____
Name & Title (print) Signature Date

Phone Number_____