Seymour Community Schools Food Service Department
Special Diet Request Form

The USDA nondiscrimination regulation (7 CFR 15 b), as well as the regulations governing the National School Lunch Program and School Breakfast Program, make it clear that substitutions to regular meals must be made for children who are UNABLE to eat school meals because of their disabilities, when the need is certified by a licensed physician.

Please return completed form to the school nurse OR the Food Service Dept. at 321 E 16th Street, Seymour, IN 47274. Conferences with the School Nurse, Cafeteria Manager, and Food Service Director may be held to discuss your child's needs. Please call Stacey Driver, Food Service Director with any questions or concerns. (812) 271-1344

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____

Parent/Guardian:_____ Phone:_____

PART A- Non-Disability Food Allergies and Special Diet Requests	
Does the child have a food allergy (not anaphylaxis) or intolerance that requires a special diet? This does **NOT** include personal preferences. Foods to Avoid: _____ _____	☐ Yes. **COMPLETE PART C** ☐ No.
Per USDA regulations, the school food authority retains the right to reject requests for accommodating non-disability related special diets. Special diet accommodations must comply with the USDA approved meal pattern for school meals.	

PART B- Disabilities Restricting Diet (MUST BE COMPLETED BY MEDICAL AUTHORITY)	
Does the child have a **disability** that **requires a special diet**?	Does the disability cause the child to have special nutritional or feeding needs?
☐ Orthopedic Impairment ☐ Diabetes ☐ Phenylketonuria (PKU) ☐ Celiac Disease ☐ Food Anaphylaxis (severe food allergy)* ☐ Epilepsy ☐ Other Disability, please specify _____ ☐ No Disability *This does not include non-immune system reactions typical with many food intolerances or allergies, only life threatening allergies, such as those that cause respiratory distress.	☐ Yes, certain foods should be completely avoided. **COMPLETE PART C** ☐ Yes, foods should be prepared to achieve proper texture and/or consistency OR adaptive equipment is needed for feeding. **COMPLETE PART D** ☐ No.

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PART C- Meal Pattern Substitutions for Disabilities (MUST BE COMPLETED BY MEDICAL AUTHORITY)
List foods or ingredients to AVOID:
List foods or ingredients to be SUBSTITUTED:

PART D- Texture and Consistency Modifications/Adaptive Equipment
Please give detailed description of proper texture and/or consistency required. List any special equipment or utensils that may be required for the child's feeding.

PART E- Other Information and Authorization	
Include any other comments about child's eating or feeding needs:	
List the **medical professional** to be contacted if more information or clarification is required. Name:_____ Title_____ Telephone:_____ Email:_____	
Parent Signature	Date
Medical Authority Signature **(REQUIRED FOR FOOD SUBSTITUTIONS)**	Date

OFFICE USE Copies to: ❒ Nurse ❒ Food Service Office ❒ Cafeteria