



FOOD AND NUTRITION SERVICES
Fairfax County Public Schools

Medical Dietary Accommodation Form

A state-licensed health care provider's signature is required when submitting this form to Food & Nutrition Services.
Please submit this form to dietary.forms.fns@fcps.edu

SECTION A - MUST BE COMPLETED BY THE PARENT/GUARDIAN

Student Name: Last	Student Name: First	Student Name: Middle	Date of Birth
School Name		Student ID	Grade
Parent/Guardian Name (printed)			
Parent/Guardian Signature			
Email			Date
Cell Phone Number		Home Phone Number	

SECTION B - MUST BE COMPLETED BY A STATE-LICENSED HEALTH CARE PROVIDER

Does the student have food allergies? Yes No

If yes, please select the allergen from the list below

<input type="checkbox"/> Dairy	<input type="checkbox"/> Wheat	<input type="checkbox"/> Peanuts
<input type="checkbox"/> Milk baked in products are OK (i.e. pancakes)	<input type="checkbox"/> Eggs	<input type="checkbox"/> Fish
<input type="checkbox"/> Yogurt is OK	<input type="checkbox"/> Eggs baked in products are ok (i.e. pancakes)	<input type="checkbox"/> Shellfish
<input type="checkbox"/> Cheese is OK	<input type="checkbox"/> Soy	<input type="checkbox"/> Sesame
	<input type="checkbox"/> Soybean Oil is OK	

Other Food Allergies not listed above: _____

Does the student require modified textures? Yes No

Pureed **Minced & Moist** **Soft & Bite-Sized** **Other** _____

Does the student require other special dietary needs? If so, please elaborate below.

I certify that the above-named student needs the special food accommodation as described above.

Health Care Provider's Name (printed) _____ **Phone Number** _____

Health Care Provider's Signature _____ **Date** _____

This institution is an equal opportunity provider.



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Background Information:

The Americans with Disabilities Act (ADA) states that most physical and mental impairments constitute a disability. FCPS Office of Food and Nutrition Services (FNS) works collaboratively with parents/guardians and other district staff to ensure an equal opportunity to participate in the school meal programs and receive program benefits. Schools are required to make substitutions to meals for students with a disability; these substitutions are on a case-by-case basis and only provided when supported by a written statement from a state-licensed health care provider-such as the **Medical Dietary Accommodation Form**. (page 1).

Schools are required to make accommodations for students with disabilities that directly affect their diet. FNS will design a meal plan within the nutrition program meal pattern to accommodate common disabilities. In most cases, disabilities can be managed within the meal pattern requirements. FNS is not required to provide the specific substitution or other modification requested but will offer a reasonable modification that effectively accommodates the student's disability and provides equal opportunity to participate in or benefit from the program.

Procedure:

Step 1: A completed Medical Dietary Accommodation Form with a health care provider's signature is sent to dietary.forms.fns@fcps.edu

Step 2: A Registered Dietitian (RD) will contact the parent/guardian on file to navigate the next steps on the dietary accommodation.

Step 3: The RD will draft a menu to meet the needs of the student and send a copy to the parent/guardian, school-based operational specialist, and cafeteria manager for further planning.

Step 4: After a mutual start date is determined based on ordering needs, staff will then be trained to accommodate accordingly. FNS will reach out to parents/guardians regarding the specific time-line for implementation.

Step 5: Information regarding the student's dietary accommodation and specialized menu will be posted in a purple allergy binder, where staff and cafeteria managers can access it in a secure location.

Please note: the **Medical Dietary Accommodation Form** is to be utilized independently or in addition to special education documentation.