



Diet Order: Medical Statement for Students with Special Nutritional Needs for School Meals

PLEASE DROP OFF COMPLETED and SIGNED FORMS TO:

**Mooresville Graded School District
574 W. McLelland Ave. B School Nutrition Services
Mooresville, NC 28115**

OR email to: sdeneen@mgsd.k12.nc.us

For Questions:
Contact: Shelly Deneen
Phone: (704) 658- 2639
Fax: 704-664-4906

Email: sdeneen@mgsd.k12.nc.us

When completed fully, this form gives schools the information required by the U.S. Department of Agriculture (USDA), U.S. Office of Civil Rights (OCR), and U.S. Office of Special Education and Rehabilitative Services (OSERS) for meal modifications at school. See "Guidance for Completing Medical Statement for Students with Special Nutritional Needs for School Meals" for help in completing this form.

PART 1: Parent/Guardian complete 1-16

Your participation in this process is very important. The sooner you provide this signed and completed form to Mooresville School Nutrition Services, the sooner the School Nutrition Program can prepare the food for your child needs. Your signature is required to process the Medical Statement. This form must be completed by a state licensed medical authority (Licensed physician, physician assistant, and nurse practitioner) each time a student's diagnosis or change of treatment is indicated. The School Nutrition Department will follow the physician's diet order as long as your child is enrolled in MGSD or until the diet order is released or changed by the parent and physician.

** Monthly menus with carbohydrate content in grams and major food allergens are posted at <https://www.mgsd.k12.nc.us/departments/school-nutrition>

1. Students Last Name		2. Students First Name		3. Date of Birth		4. Student ID	
5. Request Type		6. School Name		7. Grade		8. Meals eaten at school	
<input type="checkbox"/> New Diet Order <input type="checkbox"/> Update to Existing Order						<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> BAP Snack <input type="checkbox"/> A la carte snack purchase <input type="checkbox"/> None	
9. Parent/Guardian Name			10. Phone Number		11. Mailing Address		
12. Email Address (We will use this communicate regarding your child's meal plan.)							

13. Does the student have an identified disability (IEP or 504 Plan)? IEP 504 No
Describe concerns you have about your student's nutritional needs and ability to safely participate in meal time at school.

14. Request for cultural/personal preferences do not require medical approval. School Nutrition Services reserves the right to modify the menu based on product availability.

Cultural/Personal Preference No Pork No Beef Other Cultural/Personal Preference : Specify

Other Condition (Must be diagnosed by physician using Part 2)

NOTE: Special dietary needs for students without an IEP or 504 Plan are accommodated at the discretion of the School Nutrition Administrator and policies of the school district.

IMPORTANT: If you are submitting a new diet order or diet order change, please allow 10 business days to process. Please provide meals for your child, until you have heard from our office that this diet order has been processed. The School Nutrition Department will follow the physician's diet order as long as your child is enrolled in MGSD or until the diet order is released or changed by the parent and physician. *District does not serve nuts or peanuts, but cannot guarantee products served are not processed in a facility that also processes nuts or peanuts.

15. I consent to the exchange of information between the Healthcare Provider and district/school staff, as needed.

Parent/Guardian Signature (required to process):	PRINT NAME	DATE:

Part 2 Items 16 - 23 to be completed by RECOGNIZED MEDICAL AUTHORITY: licensed physicians, physician assistants, nurse practitioner

16. Does student have a physical or mental condition/impairment, or severe food allergy warranting a special diet YES NO

If "YES", specify how the physical or mental condition/impairment restricts the students diet. If "no", a special diet is not warranted. A disability is defined as a physical or mental impairment which substantially limits one or more major life activities

Physical or mental condition/impairment impact on diet (specify):

Describe major life activities affected Eating Learning Digestion Walking Performing manual tasks Other (specify):

Student Diagnosis or Condition: For the diagnosis/condition, section 17 below must be completed to identify which foods must be avoided due to the identified condition:

Food Intolerance Food Allergy Life Threatening Food Allergy - Check appropriate box: Ingestion Contact Inhalation

*** Students with life threatening allergies must have an emergency action plan in place at school**

17. Please check all food (s) this student is NOT able to eat/drink (check off all that apply) due to above physical or mental condition/impairment:

CORN <input type="checkbox"/> Whole corn (kernels, tortilla chips, corn muffins) <input type="checkbox"/> Recipes with corn as ingredient (corn starch, corn syrup, etc.)	DAIRY <input type="checkbox"/> Fluid Milk <input type="checkbox"/> Cheese and recipe with cheese listed <input type="checkbox"/> Ice Cream <input type="checkbox"/> Yogurt <input type="checkbox"/> Condiments containing Milk/Dairy products <input type="checkbox"/> Recipes with dairy as ingredient	WHEAT/GLUTEN <input type="checkbox"/> Recipes with wheat as ingredient <input type="checkbox"/> Recipes with gluten (wheat, barley, rye, triticale) as ingredient	EGG <input type="checkbox"/> Whole Egg <input type="checkbox"/> All foods with egg as ingredient <input type="checkbox"/> Baked products with egg (French Toast) <input type="checkbox"/> Condiments containing egg (mayo, dressing)
FISH/SHELLFISH <input type="checkbox"/> Fish <input type="checkbox"/> Shellfish	PEANUTS OR TREE NUTS <input type="checkbox"/> Peanuts <input type="checkbox"/> Tree Nuts	SOY <input type="checkbox"/> Whole soybean <input type="checkbox"/> Soy lecithin <input type="checkbox"/> Soy Protein: concentrate, isolate, hydrolyzed <input type="checkbox"/> Soybean Oil	SESAME <input type="checkbox"/> Whole seeds <input type="checkbox"/> Recipes with sesame as ingredient
			OTHER <input type="checkbox"/> Specify: <hr/> Note if it is a cooked ingredient or when consumed fresh:

18. Food Texture Modifications: If needed check ONE: Chopped Ground Pureed No Texture Modification

Modified Thickness of Liquids: If needed check ONE Clear Full Liquid Nectar Thick Honey Thick Pudding Thick None Needed

19. Other nutritional requirements due to documented physical or mental impairment (#16 above) - please specify:

Healthcare Provider Information: Form will be returned to parent/guardian and no accommodations will be made if this section is not completed

20. Signature of Recognized Medical Authority	21. Print Name	22. Phone Number	23. Date

PART 3 (To be completed by School Nutrition Services)

Date Received:	SN Administrator Signature	SN Notes