



Girls Athletic Leadership School Las Vegas Special Diet Policy

PURPOSE

To establish the policy that addresses Girls Athletic Leadership School (GALS) standard operating procedures to include Meal Access and Reimbursement; Meal Pattern and Nutritional Quality and Food Safety and Hazard Analysis Critical Control Point Standard Operating Procedures for NSLP/SBP and Afterschool Care Snack Program.

POLICY

GALS participates in the NSLP/SBP. GALS receives cash subsidies and USDA foods from the U.S. Department of Agriculture (USDA) for Breakfast and Lunch. In addition GALS makes exception for special diets. In return GALS must serve meals that meet the Federal requirements, and they must offer free meals and snacks to eligible children according to Federal requirements to all children through age 18 in GALS.

PROCEDURE

1. Special Diet Policy:
 - GALS makes exceptions for special diets for disability reasons on a case by case basis when supported by a written statement of the need for substitutions. The written statement must include recommendations for alternate foods, unless otherwise exempted by FNS, and signed by a recognized medical authority.
 - GALS makes exceptions for special diets for non-disability reasons on a case by case basis when supported by a written statement of the need for substitutions, unless other exempted by FNS, and signed by a recognized medical authority.
 - GALS may make substitutions for fluid milk for non-disabled students who cannot consume fluid milk due to medical or special dietary needs when supported by a written statement from a medical authority or legal guardian. The written statements must identify the medical or other special dietary need that restricts the child's diet. These substitutions meet the nutritional standards established in the above statement.

**Diet Modification Request for Foods Served Through
Child Nutrition Programs of Girls Athletic Leadership School**

Student's Name: _____ Birth date: _____
District and/or school/site: _____
Parent/Guardian Name: _____ Phone: _____

Does the patient have a disability as defined in Section 504 of the Rehabilitation Act of 1973 of the Americans with Disability Act and updates?

YES = Disability-To be completed by licensed physician or recognized medical authority (Doctor of Medicine, Doctor of Osteopathy, Physician Assistant, or Advanced Practice Registered Nurse)

Federal regulations governing the Child Nutrition Programs provide that schools/districts **must** make substitutions in meals for students who are considered to have a disability as defined by the Americans with Disability Act and whose disability restricts their diet when supported by a statement signed by a physician licensed by the state which includes all information in questions a and b below.

Does the student have in IEP or 504 Plan in place? Yes No

If yes, is the following information below included in the IEP or 504 Plan?

Yes No

If yes, then the rest of the form does not need to be completed. The school/district may use the IEP or 504 Plan in lieu of this form and keep on file.

If no, the rest of the form must be completed.

a. **Description of child's physical or mental impairment (must be sufficient to allow school site/district to understand how it restricts child's diet):**

b. **What meal modifications are needed? (e.g., texture changes and/or food item substitutions)**
Must identify any foods to be omitted: (see back of page) **Must** identify foods to be substituted/added:

Signature (recognized medical authority): _____ Date: _____
Please print name and title: _____

= **Medical condition, but not a disability – To be completed by recognized medical authority (Doctor of Medicine, Doctor of Osteopathy, Physician Assistant, or Advanced Practice Registered Nurse)**

A school/district, **at its discretion**, may make menu substitutions with a signed statement from a recognized medical authority for a student who is requesting a meal modification.

a. **Description of the child's physical or mental impairment (must be sufficient to allow school site/district to understand how it restricts your child's diet):**

b. **What diet modifications are requested? (e.g., texture changes and/or food item substitutions)**
List any foods to be omitted: (see back of page) Foods to be substituted/added

Signature (recognized medical authority): _____ Date: _____
Please print name and title: _____

**Some common allergens with various ways they are found in foods.
Please check the box in front of food groups that should NOT be served:**

Lactose/milk – Do not serve the following checked items:

- Fluid Milk to drink or use on cereal
- Milk based desserts such as: ice cream and pudding
- Hot entrees with cheese as a prime ingredient such as: grilled cheese, cheese pizza, or macaroni & cheese
- Cheese baked in products such as: a casserole or on meat pizza
- Cold cheese such as: string cheese or sliced cheese on a sandwich
- Milk in products such as: breads, mashed potatoes, cookies or graham crackers

SERVE THESE ITEMS INSTEAD:

¼ cup of fluid milk to be used on cereal? __yes __no

Soy - Do not serve the following checked items:

- Protein products extended with soy
- Processed items cooked in soy oil
- Food products with soy as an ingredient no matter where on the ingredient list
- Food products with soy listed as the fourth ingredient or further down the list

SERVE THESE ITEMS INSTEAD:

Egg - Do not serve the following checked items:

- Cooked eggs such as scrambled eggs or hard cooked eggs served hot or cold
- Eggs used in breading or coating of products
- Baked products with eggs such as breads or desserts

SERVE THESE ITEMS INSTEAD:

Shellfish or fish – Do not serve the following checked items:

- Specific fish or seafood type: _____

SERVE THESE ITEMS INSTEAD:

Peanuts – Do not serve the following checked items:

- Peanuts, individually or as an ingredient
- Foods containing peanut oil
- Foods items identified as manufactured in a plant that also handles peanuts

SERVE THESE ITEMS INSTEAD:

Tree nuts – Do not serve the following checked items:

- Specify type(s): _____
- Foods items identified as manufactured in a plant that also handles nuts

SERVE THESE ITEMS INSTEAD:

Milk substitution for non-disability reasons (For a disability, the licensed physician must sign on front)

A school/district, **at its discretion**, may make a **nutrient equal substitution** with a signed statement from a parent or medical provider for a student who is unable to consume fluid milk for any reasonable request that does not rise to a level of a disability.

_____ I request a substitute for fluid milk for my student.

Parent signature: _____ Date: _____

**Questions? Please contact Jennifer McCloskey at galslasvegas@galslv.org.
Please return this form to the school Nurse or office to be forwarded to Child Nutrition/Food Service Department.**

To be kept on file in the Child Nutrition Services Office.

Date received by Child Nutrition: _____

Is additional clarification needed on the medical statement? ____ Yes or ____ No. If yes, please indicate follow up here: ____ Initial ____ date

Date discontinued: _____ (Attach documentation)

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call 1(866)632-9992 (voice). Individuals who are hearing impaired or have speech disabilities may contact the USDA through the Federal Relay Service at 1(800)877-8339 or 1(800)845-6136 (Spanish). USDA is an equal opportunity provider and employer.