



Hillsborough County Student Nutrition Services Parent Information for Requesting Special Diets School Year 2017-2018

Student Nutrition Overview

The Student Nutrition Services Department (SNS) strives to offer healthy, well-balanced meals. Breakfast is offered to all children, free of charge, and lunch is a great value at \$2.25 for elementary students and \$2.75 for middle and high school students. All meals must meet the strict nutritional standards for the National School Lunch and Breakfast program set forth by USDA. To constitute a reimbursable lunch, students must select at least 3 components from the 5 components; meat/protein, bread, fruit, vegetable, and milk. At breakfast, students must select 3 out of the 4 components. At both meals, one of the components must be either a fruit or a vegetable.

General Information Regarding Special Diets

Food substitutions/menu modifications may be requested for children with special dietary condition(s) by using Student Nutrition's ***Diet Prescription for Special Meals***. School nutrition managers can use foods from Student Nutrition's standardized market list to meet most diet modifications that are requested. Student Nutrition does not purchase other specialized foods not included in the standardized market list, such as gluten-free pastas, or formulas. If a child needs to eliminate an item such as milk from the diet, then he/she may either choose to drink portable water free of charge, or choose to purchase another type of drink. Milk is required to be offered to all children, but it is not mandatory that a child takes milk for a complete meal. With most diets, we are able to prepare and serve flavorful menu items to your child that meets his or her special need, while still following federal guidelines for school meals.

Completing the Diet Prescription Form

It is imperative that the ***Diet Prescription for Special Meals*** is completed correctly and given to the Student Nutrition Manager at your site so we can safely serve your child. Food substitutions/menu modifications **cannot** be made without a completed form. A new form **must be** completed each school year so our records are kept up to date and the information on file is correct.

Partnering with Parents to Feed Your Child

We want to work in partnership with you to meet the needs of your child while attending school. Once the ***Diet Prescription for Special Meals*** form is completed and returned, the Student Nutrition Manager will contact the parent/guardian to discuss the special diet. In some cases, a meeting between the parent, Student Nutrition Manager, and District Dietitian may be needed to discuss available menu substitutions/modifications necessary to accommodate your child's needs. Once appropriate menu/food choices have been determined, the Student Nutrition Manager will place an 'alert' on your child's meal account and the appropriate menu will be followed.

To assist parents, SNS has created several tools located on the SNS Website (www.sdhc.k12.fl.us/sns)

- Nutrition information, including carbohydrate counts on all menu items
- Allergen information on the eight major allergens; wheat, soy, tree nuts, peanuts, eggs, milk, fish, and shellfish
- 'Managing a Gluten Free Diet at School', listing our gluten free items available
- MealViewer, (free smart phone app) and MyPaymentsPlus for obtaining a history of your child's meal choices

The following is additional information regarding special diets

Food Allergens

To accommodate students that may have special dietary needs due to food allergies, including, but not limited to wheat, eggs, soy, fish, shellfish and milk, peanuts and other tree nuts, the Student Nutrition Manager can make substitutions in meal choices. SNS does not have specialty foods available such as gluten free pastas, breads, dairy free cheese but can accommodate all allergies with other items currently

available. Allergen information on the eight major allergens; wheat, tree nuts, peanuts, eggs, milk, fish, and shellfish, is posted on the SNS website. If your child has an allergen to a food item not provided, we welcome you to come into the kitchen to look at ingredient labels. The parent/guardian is responsible for approving all menu substitutions.

Peanut Allergens

To accommodate severe peanut allergies, the school site can make a peanut free table available in the cafeteria. The peanut free table will be cleaned and sanitized prior to and after each child eats with a separate cleaning wipe. SNS does offer peanut butter products on their breakfast and lunch menu, but both items are sealed, individually packaged products. Both items are marked with "peanut butter". SNS is not responsible for ensuring lunch boxes brought from home are peanut free.

Milk Allergens/Intolerances

For students with an allergy to milk; milk is not required to be selected as part of the reimbursable meal, and 100% juice can be made available daily as a fruit choice. Drinking water is provided at each site, free of charge, and soy milk is also available for purchase.

Diabetic/Carbohydrate Controlled Diets

To accommodate students that may be following a restricted carbohydrate diet, nutrition information, including carbohydrate counts on all our menu items can be found on our SNS website (www.sdhc.k12.fl.us/sns). A monthly menu will be provided to the parent/guardian to select the daily food choices. The completed menu must be returned to the Student Nutrition Manager at your child's school site to ensure that your child receives the correct menu options. The Student Nutrition Manager **is not responsible** determining acceptable carbohydrate limits

Special Texture Diets

Special training is provided to all Student Nutrition Managers and their employees on handling special textured diets. Please ensure that the ***Diet Prescription for Special Meals*** is specific on the thickness of the foods, i.e nectar-like, honey-like, spoon-thick for any pureed diets. Please list any foods to avoid due to preference and/or intolerance.



Hillsborough County Student Nutrition Services
DIET PRESCRIPTION FOR SPECIAL MEALS FORM
 School Year 2017-2018

Student Nutrition Services is committed to serving all children nutritious meals; this includes working with children who have special dietary needs. To help us in meeting your child's dietary requirements, we require that this form be completed and returned to the Student Nutrition Manager at your child's school. Once completed, the Student Nutrition Manager will contact you to discuss menu options.

Section A- Must be completed by the Parent/Guardian

Name of Student _____ Student's ID _____ Grade _____

School Name _____ Teacher's Name _____

Does the student typically receive a meal(s) from Student Nutrition Services (SNS)? **Yes** **No**

If yes, which meals provided by SNS will your child most likely eat?

- Breakfast Lunch Afterschool Snack Dinner

Parent/Guardian Signature Name (printed) _____ **Signature** _____

Daytime Phone Number _____ **Email Address** _____ **Date** _____

Section B- Must be completed by the Physician

Does the student have food allergies? **Yes** **No**

If yes, please select the allergen from the list below

Wheat

- All Wheat

Eggs

- All Egg Proteins- albumin (white) and Yolk
 Whole Egg- hard boiled and scrambled

Dairy

- All Milk Proteins- Casein, Whey, etc
 Fluid Milk
 Cheese Yogurt Ice Cream

Treenuts

- All Treenuts

Peanuts

- All Peanuts, including Peanut Oil

Soy

- All Soy Protein
 All Soy Protein except Soybean Oil

Fish

- All Fish

Shellfish

- All Shellfish

Other: _____

Other: _____

Specific Foods to Omit

Specific Foods to Substitute

I certify that the above named student needs special school food as described above,

Physician's Name (printed) _____ **Physician's Signature** _____

Office Number _____ **Date** _____

Section C- Must be completed by a Physician

Is the student Diabetic and following a controlled diet? **Yes** **No**

If yes, please describe special diet in detail. Please include the range of carbohydrates (grams) per meal that is required.

Carbohydrates (g) per meal Breakfast: _____ Lunch: _____

I certify that the above named student needs special school food as described above,

Physician's Name (printed) _____ **Physician's Signature** _____

Office Number _____ **Date** _____

Section D- Must be completed by the Physician

Does the student need any special modification of dietary textures? **Yes** **No**

Indicate texture on prescribed special diet.

Chopped (please indicate any specific instructions) _____

Ground (please indicate any specific instructions) _____

Pureed (please indicate any specific instructions) _____

Indicate thickened consistency on prescribed special diet.

Nectar Thick **Honey Thick** **Spoon Thick**

Add any other comments regarding the student's eating or feeding patterns. Please include any food items to avoid due to intolerances/preference

I certify that the above named student needs special school food as described above,

Physician's Name (printed) _____ **Physician's Signature** _____

Office Number _____ **Date** _____

Section E- Must be completed by the Physician

Does the student have other special nutritional or feeding needs? **Yes** **No**

Please describe the special diet/feeding needs (attach a list of foods to be omitted and/or substituted, if needed)

For School Use Only

Date contacted parent _____

Date of parent meeting _____

Date Alert is Entered _____

Manager's Signature _____

(Form must be maintained on file in the SNS office for the current school year. Copy must be provided to the School Nurse and the District Dietitian)