Students

Students with Special Health Care Needs

Accommodating Students with Special Dietary Needs - Food Allergy Management and Glycogen Storage Disease

The focus of a Districtwide Food Allergy Management and Glycogen Storage Disease Plan (GSD) shall be prevention, education, awareness, communication, and emergency response. The management plan shall strike a balance between the health, social normalcy and safety needs of the individual student with life threatening food allergies and the education, health and safety needs of all students. The District Food Allergy Management Plan shall be the basis for the development of the procedural guidelines that will be implemented at the school level and provide for consistency across all schools within the district.

The goals for the Districtwide Plan include:

1. To maintain the health and protect the safety of children who have special dietary needs in ways that are developmentally appropriate, promote self-advocacy and competence in self-care and provide appropriate educational opportunities.
2. To ensure that interventions and individual health care plans for students with to ensure special dietary needs are based on medically accurate information and evidence-based practices.
3. To define a formal process for identifying, managing, and ensuring continuity of care for students with life-threatening food allergies and special dietary needs across all transitions. (Pre-K-Grade 12)

It is the policy of the Board of Education to follow the guidelines developed and promulgated by the Connecticut Department of Public Health and Department of Education for students within the District with life-threatening food allergies and glycogen storage disease. Such guidelines include (1) education and training for school personnel on the management of students with life-threatening food allergies and glycogen storage disease, including training related to the administration of medication with a cartridge injector and the provision of food or dietary supplements, (2) procedures for responding to life threatening allergic reactions to food, (3) a process for the development of individualized health care and food allergy action plans for every student with a life-threatening food allergy, (4) a process for the development of individualized health care and glycogen storage disease action plans for every student with glycogen storage disease and such plan shall include, but not be limited to, the provision of food or dietary supplements by the school nurse or by any school employee approved by the school nurse, to a student with glycogen storage disease provided such plan does not prohibit a parent/guardian or a person they so designate, to provide food or dietary supplements on school grounds during the school day, and (5) protocols to prevent exposure to food allergens.

It is the Board's expectation that specific building-based guidelines/actions will take into account the health needs and well-being of all children without discrimination or isolation of any child. It is the Board's belief that education and open and informative communication are vital for the creation of an environment with reduced risks for all students and their families. In order to assist children with life-threatening allergies to assume more individual responsibility for maintaining their safety as they grow, it is the policy of the Board that guidelines shift as children advance through the primary grades and through secondary school.

The District's plan for managing students with life-threatening food allergies shall be posted on the District's website (and/or on the website of each school within the District).

Students

Students with Special Health Care Needs

Accommodating Students with Special Dietary Needs - Food Allergy Management and (GSD)

(cf. 5141 - Student Health Services)
(cf. 5141.21 - Administering Medication)
(cf. 5141.23 - Students with Special Health Care Needs)
(cf. 5141.3 - Health Assessments)
(cf. 5145.4 - Nondiscrimination)

Legal Reference: Connecticut General Statutes
10-15b Access of parent or guardian to student's records.
10-154a Professional communications between teacher or nurse and student.
10-207 Duties of medical advisors.
10-212a Administrations of medications in schools
10-212c Life threatening food allergies; Guidelines; district plans, as amended by P.A. 12-198)
10-212a(d) Administration of medications in schools by a paraprofessional.
10-220i Transportation of students carrying cartridge injectors
19a-900 Use of cartridge injectors by staff members of before or after school programs, day camp or day care facility.
52-557b Good Samaritan Law. Immunity from liability for emergency medical assistance, first aid or medication by injection
The Regulations of Connecticut State Agencies section 10-212a through 10-212a-7, Administration of Medication by School Personnel.
Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools, Connecticut State Department of Education (2006)
Federal Legislation
Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794 § 504; 34 C.F.R. § 104 et seq.)
Americans with Disabilities Act (ADA) of 1990 (42 U.S.C. §12101 et seq.; 29C.F.R. §1630 et seq.
The Family Education Rights and Privacy Act of 1974 (FERPA)
Land v. Baptist Medical Center, 164F3d423 (8th Cir. 1999)
The Individuals with Disabilities Education Act of 1976 (IDEA) (20 U.S.C. § 1400 et seq.); 34 C.F.R. § 300 et seq.
FCS Instruction783-2, Revision 2, Meal substitution for medical or other special dietary reasons.
P.A. 09-155 An Act Concerning the Use of Asthmatic Inhalers and Epinephrine Auto-Injectors While at School.

Policy adopted: May 11, 2017

STONINGTON PUBLIC SCHOOLS
Stonington, Connecticut

Students

Students with Special Health Care Needs

Accommodating Students with Special Dietary Needs - Food Allergy Management and Glycogen Storage Disease (GSD)

Identification of Students with Life-Threatening Food Allergies and Glycogen Storage Disease

Strategies to be used to identify students with life-threatening food allergies and (GSD) may include using school newsletters, kindergarten registration, school nurse communications with families, new student registration, and communication with preschools. These strategies for identification of students with life-threatening food allergies and (GSD) facilitate proper planning prior to the beginning of the school year.

Process for Annual Development of Individualized Health Care Plan

A formalized process will be used for the development of an individualized health care plan for students with life-threatening food allergies and (GSD). This process includes a standardized template for the development of both the Individualized Health Care Plan (IHCP) and the Emergency Care Plan (ECP), recommendations of team members who are involved in the development of the IHCP, a process to obtain medical information and proper authorizations to administer medication from the student's health care provider, and a process to develop other accommodations within the IHCP such as allergen-free zones in the classroom or cafeteria.

Administration of Medications

Medication administration for students with life-threatening food allergies and (GSD) must follow District policy and procedures regarding medication administration. Medication administration at schools and at school activities must be in compliance with CGS, Section 10-212a and Sections10-212a -1 through 10-212a -7 of the Regulations of the Connecticut State Agencies.

Administration of medications during the school day: In the absence of a school nurse, administration of an epinephrine cartridge auto-injector may be administered by a principal, teacher, occupational therapist (OT) or physical therapist (PT) with proper training by the school nurse. An individual paraprofessional who has been properly trained in medication administration may administer an epinephrine auto-injector to a specific child with life-threatening food allergies if approved by the school nurse and the School Medical Advisor with proper authorization from the parent and health care provider.

Training for medication administration: The school nurse shall provide the training on administration of medication to all school personnel to whom they delegate the administration of medications. This training must include the medication, the desired effects, when and how to administer the medication, the potential side effects, and the emergency response plan.

Students

Students with Special Health Care Needs

Accommodating Students with Special Dietary Needs - Food Allergy Management and Glycogen Storage Disease (GSD)

Administration of Medications (continued)

Supervision: The school nurse is responsible for the supervision of the other school personnel who are delegated responsibility for administering medications.

Other considerations: Other considerations include the following:

- Obtaining proper medication authorizations from the student's health care provider [licensed physician, (APRN or Physician's Assistant (PA) licensed in CT);
- Parental permission to administer medication at school;
- Ensuring medication is provided by the parent for use in the school setting;
- Determination of where medications will be stored (i.e., in the health room, in the classroom carried by the student on their person);
- Safety considerations including storage during and beyond the school day; and
- Determination of competence of an individual student's ability to self-administer their own medication by the authorized health care provider, the parent, and the school nurse.

Standing Orders: A standing order from the School Medical Advisor for the school nurses to administer epinephrine to students who are not known to have a life-threatening food allergy, do not have their own medication order, and have their first anaphylactic reaction in school. This standing order shall include an order to administer a second dose of epinephrine if the symptoms of an anaphylactic reaction have not subsided within a specified number of minutes with the first dose of epinephrine. These orders shall be reviewed and signed by the School Medical Advisor on an annual basis.

Communication Plans

The expectations for communication and privacy issues between relevant school staff (such as school nurses, teachers, administrators, and coaches, etc.), families, and the student's health care providers (such as physicians, nurses, and EMS) include:

- Obtaining documentation by the student's health care provider (licensed physician or Advanced Practice Registered Nurse [APRN]) of the life threatening allergies, which may include the proper authorizations for medications and emergency response protocols.
- A communication process with the student's health care providers and parents regarding individual student's prevention and management plans.
- Establishing communication systems within the school (i.e., walkie-talkies) and during off-site activities (i.e., cell phones or radios on school transportation and field trips).

Students

Students with Special Health Care Needs

Accommodating Students with Special Dietary Needs - Food Allergy Management and Glycogen Storage Disease (GSD)

Communication Plans (continued)

- Determining a communication processes between school and parents of children without life-threatening food allergies including standard parental notification letters regarding allergen classrooms.
- Establishing procedures that ensure the appropriate people (such as all teachers, paraprofessionals, and substitute staff) are familiar with the IHCP and emergency plan.

Education and professional development opportunities: The school nurse may need to update clinical knowledge and skills related to severe food allergy and (GSD) in school settings. This would include information pertaining to: allergies; individualized health care plans; emergency care plans; transportation plans and issues; accommodations within regular education; requirements of Section 504, appropriate school district policies and procedures; collaborating with families; and implications of normal development in drafting care plans.

The school nurse in collaboration with the parent(s) of students with life-threatening food allergies and (GSD) and School Medical Advisor shall provide education to relevant school staff such as classroom teacher/specialist, substitutes, students, school administrators, school food service staff, coaches and other on-site persons in charge of conducting after school activities. This education may include: overview of life-threatening food allergies; and (GSD) prevention strategies; emergency care plans; medication training; food safety; sanitation; and specific accommodations, such as field trips.

The school nurse in collaboration with school administration may provide education to parents of students with life-threatening food allergies and (GSD). This education may include: general information (anaphylaxis, epinephrine, etc); school medication policies and procedures; and school policies and procedures related to the development of school plans to manage life-threatening food allergies.

Prevention Measures

Prevention measures shall include:

- Effective sanitation and cleaning measures, such as cleaning of lunch table and classroom surfaces with disposable paper towels and cleaning products known to effectively remove food proteins.
- Promotion of hand-washing practices following eating to prevent cross-contact using recommended procedures of soap and water or hand wipes when soap and water are not available. Hand sanitizers are not effective for removing food allergens or dirt.
- Enforcement of safe practices among students, such as prohibiting meal/snack swapping, utensil swapping among students, and prohibiting eating on school transportation.

Students

Students with Special Health Care Needs

Accommodating Students with Special Dietary Needs - Food Allergy Management and Glycogen Storage Disease (GSD)

Prevention Measures (continued)

Prevention measures shall include:

- Consideration of allergen-free zones such as the classroom, lunch tables, or cafeteria zone to decrease exposure to allergen.
- Consider options for food-free common areas (such as libraries, music and art rooms, etc.)
- Development of common practices for alerting and assigning substitute staff for school nurses and teachers.
- Provide supervision in the cafeteria and on the playground by trained and knowledgeable staff in recognition of symptoms of anaphylaxis and emergency plans.
- Plan for celebrations (birthdays, school parties, holidays, and other school events) which may include alternatives to food for celebrations, provisions for allergy-free foods for celebrations, etc.)
- Plan for fire drills, lockdowns, or shelter in place, which may include considerations for access to medications, access to food or dietary supplement for students with (GSD) and allergy free foods, etc.
- Plan for PTO/PTA sponsored events for students including those with life-threatening food allergies.
- Adhere to OSHA and Universal Precautions Guidelines for disposal of epinephrine auto-injectors after use.

Food Service and Food Safety Considerations

School Meals: Generally, children with food allergies, (GSD) or intolerances that are not life-threatening do not have a disability as defined under either Section 504 of the Rehabilitation Act or IDEA. Therefore, school food services may, but are not required to, make food substitutions. Any substitutions made would require a completed "Medical Statement for Children *without* Disabilities" to be on file.

However, if a licensed physician determines the food allergy is severe enough to result in a life-threatening (anaphylactic) reaction, the school food service program must make the substitutions prescribed by the physician, even if the child is not considered disabled under Section 504 or IDEA. In this case, the "Medical Statement for Children *with* Disabilities" form must be completed and on file.

Students

Students with Special Health Care Needs

Accommodating Students with Special Dietary Needs - Food Allergy Management and Glycogen Storage Disease (GSD)

Food Service and Food Safety Considerations (continued)

The school nurse has the lead in obtaining appropriate documentation such as medical statements. It is essential that this information is communicated to the School Food Service Director and the school cafeteria staff.

Collaboration with food service staff is essential to assist the student with life-threatening food allergies and (GSD) to participate in the school meal program. With documentation from the student's health care provider, meal substitutions can be made to ensure that students are provided with food choices that avoid certain foods. To the extent possible, school food service staff should provide parents with food labels so that they can identify and approve which foods that their child may select for meals in school.

Food Safety: The School Food Service Director has the responsibility to insure school food service facilities are operated in compliance with state and local regulations. School food service employees are to be provided annual training on the issues and concerns in regards to food allergies in the school environment. The school Food Service Program will utilize the document "Accommodating Special Dietary Needs in School Nutrition Programs" to ensure proper protocol is followed.

School food service allergy awareness training may include: identifying the major allergens; label reading; cleaning and separating to avoid cross contact with allergens; personal hygiene to avoid cross contact with allergens; and developing standard operating procedures to document and monitor allergen free measures and preparation areas within the kitchen.

For more information, refer to the United States Dept. of Agriculture Food and Nutrition Service at the link below.
http://www.fns.usda.gov/cnd/Guidance/special_dietary_needs.pdf

Monitoring Effectiveness of District Plan and Procedures

Ensure periodic assessments of the effectiveness of the District plan and procedure. Assessments should occur:

- At least annually with the school district team;
- After each emergency event involving the administration of medication to determine the effectiveness of the process, why the incident occurred, what worked and did not work in the District plan and procedures; and
- Include new research and practices in the annual review of the plan and procedures.

Students

Students with Special Health Care Needs

Accommodating Students with Special Dietary Needs - Food Allergy Management and Glycogen Storage Disease (GSD)

Development of Individualized Health Care Plans (IHCP) for Students

Children with life-threatening food allergies and (GSD) should have an Individualized Health Care Plan (IHCP) and an Emergency Care Plan (ECP) to address how that child's health and safety needs will be met while in school.

Emergency Care Plans (ECP): The written Emergency Care Plan (ECP) for students with life-threatening food allergies and (GSD) may sometimes be called an Allergy Action Plan (AAP). An ECP provides specific directions about what to do in a medical emergency such as an accidental exposure to the allergen or safety emergency such as a fire drill or lockdown. The ECP is often part of the IHCP. This written plan helps the school nurse, coaches, school personnel and emergency responders react to an emergency situation in a prompt, safe, and individualized manner. The ECP includes:

1. The child's name and other identifying information, such as date of birth and grade and photo;

2. The child's specific allergy;

3. The child's signs and symptoms of an accidental exposure to the allergen;

4. The medication to be administered in the event of an accidental exposure to the allergen;

5. The location and storage of epinephrine auto-injector(s);

6. Who will administer the medication (including self-administration options);

7. Follow-up plan (i.e., calling 911);

8. Recommendation that if the child continues to experience symptoms after the administration of epinephrine auto-injector, especially if drop in blood pressure (BP), dizziness or lightheadedness occurs, then place the student lying on his/her back (supine position) with their legs elevated above their head; and

9. Emergency contacts for parents/family and medical provider.

Students

Students with Special Health Care Needs

Accommodating Students with Special Dietary Needs - Food Allergy Management and Glycogen Storage Disease (GSD)

In order to develop the ECP, the school nurse should obtain current health information from the family and the student's health care provider(s), including student's emergency plan and all medication orders and consult with the health care provider as indicated to clarify emergency medical protocol and medication orders.

Individualized Health Care Plans and the Essential Components

In addition to the development of the ECP, students with life-threatening food allergies and (GSD) should also have an Individualized Health Care Plan (IHCP). In order for this to happen, it is necessary to determine a process for developing and implementing an individualized plan for the student. This process should include:

- Identification of a core team to establish the plan. The school nurse should have the lead role on this team. In addition to the school nurse, this team should include, at a minimum, parent(s), guardian(s), or other family members; school administrator(s); classroom teacher and the student (if appropriate). Other possible members include the School Medical Advisor, school-based health clinics, student's health care provider, special teachers such as culinary arts, and other school staff such as the school food service manager.
- Collaboration between the school nurse and parent to consider developmentally and age appropriate accommodations and draft language for consideration at the core team meeting.
- Meeting of team members to finalize IHCP. While the health care providers can offer recommendations for the types of accommodations needed in the school setting, it is the core team's responsibility for the development of these recommendations based on the student's needs and the school environment for the student (e.g., IHCP or Section 504 plan). If the team determines that a student does meet the eligibility requirements for Section 504, the IHCP may be considered one and the same as the Section 504 plan.

Students

Students with Special Health Care Needs

Accommodating Students with Special Dietary Needs - Food Allergy Management and Glycogen Storage Disease (GSD)

Individualized Health Care Plans and the Essential Components (continued)

- Based on the student's health status, determine the minimum frequency with which health information will be reviewed and the plan updated accordingly.
- Clarify the roles and responsibilities of each member of the core team. Ensure that all team members' opinions are considered equally.

IHCP's are usually developed for students with special health needs or whose health needs require daily intervention. These plans describe how to meet an individual child's daily health and safety needs in the school setting. An individual health care plan includes functional health issues (nursing diagnoses), student objectives (expected outcomes) for promoting self-care and age appropriate independence, responsibilities of parents, school nurse, teacher, student and administration as appropriate.

Individualized health care plans should address student needs both during the normal school day and situations outside of the normal school routine. This information may be distributed to all school staff who have responsibility for the student with life-threatening food allergies. Considerations to be included in the individual health care plan and accommodation plans for students with life-threatening food allergies and (GSD) may include:

- classroom environment, including allergy free considerations;
- cafeteria safety, including allergy free tables or zones;
- participation in school nutrition programs;
- snacks, birthday and other celebrations;
- alternatives to food rewards and incentives;
- hand-washing;
- location(s) of emergency medication;
- risk management during lunch and recess times;
- classroom projects (e.g., science activities that may involve food or allergen products);
- classroom jobs (e.g., feeding fish, washing tables, etc.);
- specials, such as music and art;
- special events (e.g., cultural programs, science programs);
- field trips, fire drills, and lockdowns; - parents of children with EPI pens are encouraged to attend field trips when necessary
- staff education;
- substitute staff notification and training (including nurses, teachers, specials, student teachers, cafeteria staff, and others as appropriate);

Students

Students with Special Health Care Needs

Accommodating Students with Special Dietary Needs - Food Allergy Management and Glycogen Storage Disease (GSD)

Individualized Health Care Plans and the Essential Components (continued)

- school transportation;
- transitions to after-school programs;
- athletic and extracurricular activities;
- PTO or PTA sponsored events for students; and
- transitions to new grades and school buildings in the District.
- transportation on sports team bus

The Individualized Health Care Plan (IHCP) may also include a summary of nursing assessments. The Individual Health Care Plan is also used to document interventions and evaluate outcomes.

IHCP's should be updated at least annually, and more frequently as necessary to keep pace with changing student needs and school environment. During this update, a review of the student's competency levels, self-care plans, and changes in the school environment should be considered.

Reviews should occur:

- at least annually with the school team, including the parents or guardians, and when appropriate, the student;
- more frequently if there are changes in the student's emergency care plan, changes in the self-monitoring and self-care abilities of the student, or whenever an adjustment to the plan is appropriate; and
- after each emergency event involving the administration of an EpiPen® a (summative evaluation) to determine the effectiveness of the process, why the incident occurred, what worked and did not work and person(s) involved.

Regulation approved: May 11, 2017

STONINGTON PUBLIC SCHOOLS
Stonington, Connecticut

5141.25
Form #1

STONINGTON PUBLIC SCHOOLS
Self-Administration of Medication

Student: _____ School: _____

D.O.B. _____ Age: _____

Self Medication Criteria:

A. Student is capable of identifying individual medication ☐ Yes ☐ No

B. Student is knowledgeable of purpose of individual medication ☐ Yes ☐ No

C. Student is able to identify/associate specific symptoms occurrence and need for medication administration ☐ Yes ☐ No

D. Student is capable/knowledgeable of medication dosage ☐ Yes ☐ No

E. Student is knowledgeable about method of medication administration ☐Yes ☐ No

F. Student is able to state side effects/adverse reactions to his medication ☐Yes ☐ No

G. Student is knowledgeable of how to access assistance for self if needed in an emergency ☐ Yes ☐ No

H. An individual Health Care plan has been developed for the student which will monitor and evaluate student's health status ☐ Yes ☐ No

Based on Assessment:

- ☐ Student is not a candidate for self-medication program at this time.
- ☐ Student is a candidate for self-medication program with supervision.
- ☐ Student has successfully completed self-medication training and demonstration of self-medication.

Comments:

_____

_____

Staff notified ☐ Yes ☐ No

Nurse: _____
Date: _____

5141.25
Form #2

Stonington Public Schools
Emergency Care Plan & Medical Authorization Form

Connecticut State Law and Regulations 10-21(a) require a written medication order from an authorized prescriber, (physician, dentist, advanced practice registered nurse or physician's assistant) and parent/guardian written authorization, for the nurse, or in the absence of the nurse, a designated principal or teacher to administer medication. Medications must be in the original properly labeled container and dispensed by a physician/pharmacist.

PRESCRIBER'S AUTHORIZATION

Student's Photo

Student's Name: _____ DOB: _____

Teacher's Name: _____ Grade: _____

Allergic to: ☐ Peanut ☐ Treenuts ☐ Insect Stings ☐ Latex

☐ Other _____

Asthmatic: ☐ Yes ** ☐ No **Higher Risk for Severe Reaction

SIGNS OF AN ALLERGIC REACTION INCLUDE:

Mouth: Itching, tingling	☐ Epinephrine	☐ Antihistamine
Skin: Hives, itchy rash	☐ Epinephrine	☐ Antihistamine
Face: Swelling of lips, tongue, mouth, or face	☐ Epinephrine	☐ Antihistamine
Lung: Shortness of breath, repetitive coughing, wheezing	☐ Epinephrine	☐ Antihistamine
Throat: Tightening of throat, hoarseness	☐ Epinephrine	☐ Antihistamine
Gut: Nausea, abdominal cramps, vomiting, diarrhea	☐ Epinephrine	☐ Antihistamine
Heart: Thready pulse, low blood pressure, fainting, pale, blueness	☐ Epinephrine	☐ Antihistamine
***If reaction is progressing (several of the above areas affected), give	☐ Epinephrine	☐ Antihistamine

*****IF IN DOUBT, ALWAYS ERR ON THE SIDE OF SAFETY AND GIVE EPINEPHRINE*****

Dosage: **Epinephrine:** Inject IM EpiPen 0.3mg / Auvi-Q 0.3mg EpiPen Jr 0.15 mg / Auvi-Q 0.15 mg

Antihistamine: Give _____
(Medication/Dose/Route)

Medication shall be administered from (dates) _____ to _____

Student may self administer medication on field trips: ☐ Yes ☐ No

Student may self administer medication in school: ☐ Yes ☐ No

Relevant side effects: _____

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

Physician/APRN Signature: _____ **Date:** _____

Name (Print): _____ **Phone Number:** _____

Address: _____

Emergency Contact Information:

Name	Relationship	Home Phone	Work Phone	Cell Phone

Even if parent/guardian cannot be reached, do not hesitate to medicate or take child to medical facility!
I have received, reviewed, and understand the above information.

Parent/Guardian Signature _____ **Date:** _____

School Nurse Signature _____ **Date:** _____

Medical Statement for Children *without* Disabilities
Requiring Special Meals in Child Nutrition Programs

Part I ***(To be filled out by School)***

Date: _____ Name of Child: _____
School Attended by Child: _____

Part II (***To be filled out by Medical Authority***)

Patient's Name: _____ Age: _____

Diagnosis: _____
_____
_____
_____

Describe the medical or other special dietary needs that restrict the child's diet:

_____
_____

List food(s) to be omitted from the diet and food(s) to be substituted (Diet Plan):

_____
_____
_____
_____
_____

List foods that require a change in texture:

Cut up or chopped to bite-size pieces: _____
Finely ground: _____
Pureed: _____

Special Equipment Needed:

_____
_____

Date _____ Signature of Medical Authority _____

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, age, or disability. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternate means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202)720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Connecticut State Department of Education, April 2004
cps 3/06

Medical Statement for Children *with* Disabilities
Requiring Special Meals in Child Nutrition Programs

Part I ***(To be filled out by School)***

Date: _____ Name of Child: _____
School Attended by Child: _____

Part II ***(To be filled out by Physician)***

Patient's Name: _____ Age: _____

Diagnosis: _____
_____
_____
_____

Describe the patient's disability and the major life activity affected by the disability:
_____
_____

Does the disability restrict the individual's diet? ☐ Yes ☐ No
If yes, list food(s) to be **omitted** from the diet and food(s) to be **substituted** (Diet Plan):
_____
_____
_____
_____

List foods that require a change in texture:

Cut up or chopped to bite-size pieces: _____
Finely ground: _____
Pureed: _____

Special Equipment Needed:
_____
_____

Date _____ Signature of Physician _____

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cps 3/06