BOYNE CITY PUBLIC SCHOOLS

Home of the Ramblers · A Great Place to Live & Learn

FOOD & NUTRITION SERVICES

SUPPORTING STUDENTS WITH SPECIAL DIETARY NEEDS

❤️ Supporting Students with Special Dietary Needs

Every student deserves a safe and positive dining experience.

If your child has a food allergy, medical condition, disability, or another dietary need that affects school meals, we're here to help.

Our goal is to make the process supportive and easy to understand while working with families, healthcare providers, teachers, and school staff to create a safe meal plan for each student.

> **Need help choosing the correct form?** Contact us before completing paperwork. We're happy to guide you through the process.

— Layna Lorencz

Director of Food & Nutrition Services

❤️ Our Promise to Families

We believe communication, collaboration, and compassion are the foundation of a successful dietary accommodation plan. We will review each request individually and work toward a safe, appropriate meal solution for your student.

HOW THE PROCESS WORKS

📋 Four Simple Steps

1️⃣ **Tell us about the need**
Contact Food & Nutrition Services.

2️⃣ **Complete the correct form**
Medical need or dietary preference.

3️⃣ **Return the paperwork**
Submit completed forms to the district.

4️⃣ **We'll work together**
We will review, clarify, and plan.

WHICH FORM DO I NEED?

🩺 Special Diet Request Form

Use this form when accommodations are required because of a medical reason, disability, or severe allergy.

- Completed by the parent or guardian
- Completed and signed by an eligible state-licensed medical provider
- Identifies foods to omit and foods to substitute
- May include texture modifications, tube feeding, or other instructions

Download Special Diet Request Form

🥗 Dietary Preference Request Form

Use this form for a dietary preference that is not related to a medical need or disability.

- Completed by the parent or guardian
- May be used to request an approved fluid-milk substitute
- Requests are considered but are not guaranteed
- Any change must still meet school meal-pattern requirements

Download Dietary Preference Form

AT A GLANCE

💡 Medical Need or Preference?

Food allergy requiring substitutions	**Special Diet Request Form**
Medical condition or disability affecting diet	**Special Diet Request Form**
Texture modification or tube feeding	**Special Diet Request Form**
Vegetarian, vegan, religious, or lifestyle preference	**Dietary Preference Form**
Approved fluid-milk substitute without a medical need	**Dietary Preference Form**

IMPORTANT INFORMATION

🛡️ What Families Should Know

Medical accommodations are handled individually.

Schools must make reasonable meal changes for students whose disability or medical need restricts their diet. Plans are developed case by case.

The exact brand or replacement requested may not be available.

The meal provided must be safe and allow equal access to school meals, but the replacement does not need to match the original menu item exactly.

Clear documentation helps us provide a safe meal.

The Special Diet Request Form should identify the food or allergen to avoid, explain the effect of exposure, list foods to substitute, and include the required medical-provider signature.

Existing IEP or 504 information may be enough.

When an IEP or 504 Plan already contains all information required for a special diet statement, a separate statement may not be necessary.

Keep us updated.

The Special Diet Request Form only needs to be updated when the student's needs change.

MILK AND BEVERAGE REQUESTS

🥛 Understanding Milk Substitutions

School meals are required to offer fluid cow's milk. The documentation needed for another beverage depends on the student's need and the requested substitute.

Lactose-free or lactose-reduced cow's milk	**Written parent request may be accepted**
Nutritionally equivalent non-dairy beverage	**Written preference request**
Non-equivalent beverage such as almond or rice milk	**Special Diet Request Form**
Water or juice in place of milk	**Special Diet Request Form required**

MYTH VS. FACT

MYTH: “A food preference and a medical accommodation are handled the same way.”

FACT: Medical needs and disabilities require a Special Diet Request Form. Non-medical preferences use a separate request form and are considered based on program requirements and available options.

MYTH: “The school must provide the exact brand or replacement requested.”

FACT: The school must provide a safe, reasonable accommodation, but the substitute does not have to be a particular brand or mirror the original menu item.

MYTH: “The paperwork is meant to make the process difficult.”

FACT: Complete documentation helps us understand the student's needs, communicate with the healthcare team when authorized, and safely prepare meals.

DOWNLOADABLE FORMS AND GUIDANCE

📎 Forms for Families

Special Diet Request Form

For medical reasons, disabilities, or severe allergies. Requires parent/guardian and eligible medical-provider completion.

Download PDF

Dietary Preference Request Form

For non-medical dietary preferences or an approved fluid-milk substitute request.

Download PDF

MDE Parent's Guide to Special Diet Requests

Additional Michigan Department of Education guidance for families.

Open Guide

FREQUENTLY ASKED QUESTIONS

❓ Common Questions

Can my child begin receiving substitutions immediately?

Please submit the completed documentation first. We will review the request and contact you if clarification or planning is needed before the accommodation begins.

What if the medical form is unclear?

We may need clarification from the parent, guardian, or medical provider. Signing the voluntary authorization section allows the district to communicate directly with the medical provider when needed.

What if my child's needs change?

Contact us and submit updated documentation when the dietary need or accommodation changes.

Are dietary preferences guaranteed?

No. Non-medical requests may be considered, but the district is not required to honor them, and all changes must still meet applicable meal-pattern requirements.

☕ Let's Stay Connected

Have a question or feel unsure about which form to use? Please reach out before completing the paperwork. We're always happy to help.

Layna Lorencz
Director of Food & Nutrition Services
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Boyne City Food & Nutrition Services
Nourishing Every Rambler

MICHIGAN Department of Education

Special Diet Request Form

This form needs to be completed when accommodations for a child are required in the Child Nutrition Program* meals due to medical reasons, disabilities, or severe allergies. The form must be filled out by a state licensed medical provider and parent/guardian, signed, and returned to _____

Participant Information: (completed by parent/guardian)
Participant's full name: _____Date: _____
Date of birth: _____
Name of school/center/site attends: _____
Parent/guardian name: _____
Phone number: (Cell)_____Other: _____
Updates to this form are required only if the child's needs have changed.

Required Information: Dietary Accommodation (completed by medical provider)

1. List food(s) to be omitted and substituted. Attach a sheet with additional instructions as needed.

Foods to be Omitted	Foods to be Substituted

2. Briefly explain how exposure to the food(s) affects the participant.

Additional Information
Texture modification (circle): Pureed Minced & Moist Soft & Bite Sized Easy to Chew
Tube feeding:_____Formula name:_____
Administering instructions:_____
Other dietary modification or additional instructions:_____

Required Signature
Form must be signed by a state licensed Physician (MD or DO), Physician Assistant (PA), an Advanced Practiced Provider (Nurse Practitioner or NP, Advanced Practice Registered Nurse or APRN), or a Registered Dietitian (RD or RDN).
Prescribing authority name & Credentials (print):_____
Signature:_____Date: _____
Clinic/Hospital:_____
Phone number:_____Fax number: _____

*School Nutrition Program – 7 CFR 210.10(m), Child and Adult Care Food Program – 7 CFR 226.20(g), Summer Food Service Program – 7 CFR 225.16(f)(4)

Voluntary Authorization

Note to Parent(s)/Guardian(s)/Participant: You may allow the director of the school/center/site to talk with the medical person about this Special Diet Request Form by signing the Voluntary Authorization section:

In accordance with the provisions of the Health Insurance Portability and Accountability Act (HIPPA) of 1996 and the Family Educational Rights and Privacy Act I hereby authorize _____ _____ **(physician/medical authority name)** to release such protected health information as is necessary for the specific purpose of Special Diet information to _____**(program name)** and I consent to allow the physician/medical authority to freely exchange the information listed on this form and in their records concerning me, with the program as necessary. I understand that I may refuse to sign this authorization without impact on the eligibility of my request for a special diet for me. I understand that permission to release this information may be rescinded at any time except when the information has already been released. Optional: My permission to release this information will expire on _____(date). This information is to be released for the specific purpose of Special Diet information. The undersigned certifies that he/she is the parent, guardian, or authorized representative of the participant listed on this document and has the legal authority to sign on behalf of that participant.

Parent/Guardian: _____Date: _____

Or Participant's Signature (Adult Day Care ONLY): _____

USDA Non-Discrimination Statement

In accordance with federal civil rights law and the U. S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (Voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: USDA Program Discrimination Complaint Form, from any USDA office, by calling (866) 632-992, or writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail: U.S. Department of Agriculture

   Office of the Assistant Secretary for Civil Rights

   1400 Independence Avenue, SW

   Washington, D.C. 20250-9410; or
2. fax: (833) 256-1665 or (202) 690-7442; or
3. email: Program.Intake@usda.gov

This institution is an equal opportunity provider.

MICHIGAN Department of Education

Dietary Preference Request Form

This form can be used to request dietary preferences not related to a medical need or disability. Keep in mind that:

- Sponsors are encouraged but not required to make reasonable dietary requests for a participant who does not have a medical need or disability.
- **The dietary changes made must still meet Child and Adult Care Food Program (CACFP), National School Lunch (NSLP) or School Breakfast Program (SBP) meal pattern requirements.**
- If the participant has a medical need or disability that restricts their diet they should complete the Special Diet Request Form.

Participant Information: (completed by parent/guardian)
Participant's full name: _____Date: _____
Date of birth: _____
Name of school/center/site attends: _____
Parent/guardian name: _____
Phone number: (Cell)_____Other: _____

Participant Status: (check one)
_____ Participant does not have a medical need or disability but is requesting a dietary change based on a dietary preference.
_____ Participant does not have a medical need or disability, but is requesting that they be served an approved fluid milk substitute in place of cow's milk.
Indicate reason for fluid milk substitute: _____

Dietary Accommodation
1. State the preferred dietary accommodation:

2. List food(s) to be left out and replaced. Attach a sheet with additional instructions as needed.

Foods to be left out	Foods to be replaced

Signature
Parent/Guardian Name (print):_____
Parent Guardian Signature:_____Date: _____
Relationship to participant: _____
Phone number:_____
The signature of a parent, guardian, caregiver or adult participant is sufficient for a request for an approved fluid milk substitute.

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Parent's Guide to Special Diet Requests for School Meals

Requirements: Schools must make reasonable changes to meals and/or snacks for students who are considered to have a disability or medical need that restricts their diet. This is done on a case-by-case basis.

Your student has a right to equal access to School Meals.

What Defines a Disability?

The term disability includes any person with a physical or mental impairment that greatly limits one or more major life activities, including major bodily functions.

Food substitutions must be made for students who are considered to have a disability that affects their diet.

- **Major life activities** include, but are not limited to caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, bending, speaking, breathing, learning, reading, and concentrating.
- **Major bodily functions** include but are not limited to functions of the immune system, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.
- **Examples** include diabetes, Crohn's disease, Celiac disease, autism, lactose intolerance, and food allergies.

What Defines a Dietary Preference?

Dietary preferences **are not** considered medical conditions or disabilities and are not required to be honored.

These could include:

- Personal lifestyle choices (such as vegan, vegetarian, or organic)
- Religious choices (such as eliminating pork, beef, or eggs)
- General health concerns (such as a preference that a child eat a gluten-free diet because a parent believes it is better for the child)

If the school chooses to follow a request due to a dietary preference, then they must make sure all meal pattern requirements are met for the meal to get reimbursed.

Making Plans to Keep Students Safe

What does a reasonable menu change mean?

The menu change provided does not have to be the exact change requested.

- Schools are not required to provide specific brand names requested.
- Meal changes do not need to mirror the item being replaced.
  Example: If lasagna is on the menu, a gluten free lasagna option for a participant with Celiac disease is not required; they could provide beans and rice instead.
- Schools are required to provide the student a meal that is safe for them to eat, allowing them equal opportunity to eat school meals, but it does not need to be a different meal each day. It is best to provide variety, but some diets are too restrictive, and it may not be possible.
- To the amount possible, the meal or snack provided should follow the School Lunch and Breakfast meal patterns.
- The student must be offered food from each of the five parts of the meal pattern (fruit, vegetable, grain, meat/protein and milk).
  Example: A student with a dairy allergy needs to be offered a milk substitute each day.

Making Everyone Welcome at Meals

Schools must serve students with special diet requests due to medical need in the most inclusive way possible.

Example: a student cannot be required to sit in another room during meal services.

However, balancing safety with feeling left out is important when a student has a severe anaphylactic food allergy. A separate table may be necessary to control exposure to the allergen. An allergen free table is one way many schools handle it.

Steps to Get Started:

☐ ***Step 1: Inform the school of your student's special dietary need(s) or dietary preference in writing.***

☐ ***Step 2: Complete the required paperwork (see next page for this information).***

☐ ***Step 3: Meet with school staff to create a safe food plan for your student.***

☐ ***Step 4: Keep communication open with the school and work together to create a safe place.***

What Paperwork is Required?

A **Special Diet Statement** is required if the special diet request results in a meal or snack that **does not fully meet meal pattern requirements.**

A special diet statement **must have** the following information to be considered complete:

- ✓ Food or allergen to be avoided
- ✓ Explanation of how exposure to the food or allergen would affect the student
- ✓ Food(s) to be replaced
- ✓ Completed and signed by a state licensed Physician (MD or DO), Physician Assistant (PA), an Advanced Practice Care Nurse (such as a Nurse Practitioner NP) or Registered Dietitian Nutritionist (RD or RDN)

A Special Diet Statement template is available on the Michigan Department of Education website. Other documentation, such as a doctor's note, may be accepted if it contains all the required information noted above.

Registered Dietitians signing a special diet statement should be part of the participant's healthcare team.

What if a student has an Individualized Education Program (IEP)?

If the student's IEP or 504 Plan includes the same information that is required in a Special Diet Statement, it is not necessary for the school to get a separate Special Diet Statement.

Any nutrition-related services included in a student's IEP or 504 Plan deemed necessary for the student to receive a free appropriate public education must be provided by the school.

What if the Special Diet Statement is not clear?

If the Special Diet Statement is not clear or does not fully explain the change needed, the school must get clarification from you or the medical personnel to provide a safe meal.

Before you can contact the medical personnel directly, the school must have you sign the Voluntary Authorization Section on the Special Diet Statement.

For More Information on Food Allergies:

- Food and Drug Administration's "Food Allergies: What you need to know"
- Institute for Child Nutrition's Food Allergy Fact Sheets
- Food Allergy Research & Education: www.foodallergy.org
- Centers for Disease Control and Prevention: Food Allergies in Schools

Drink Options in School Meals

What drink must schools serve?

Schools are required to serve 1 cup of fluid cow's milk with breakfast and lunch. For Kindergarten through 12th grade students, it can be flavored or unflavored milk. It can only be 1% or fat free milk. Preschool students and younger cannot have flavored milk.

What happens if my student is not able to drink cow's milk?

A complete Special Diet Statement, signed by a Physician (MD or DO), Physician Assistant (PA), an Advanced Practice Care Nurse (such as a Nurse Practitioner NP) or Registered Dietitian (RD or RDN) needs to be given to the school, then a substitute will be provided.

What are other drink options?

Lactose free and lactose-reduced milk can be offered instead because they are cow's milk. An email or written note from the parent or guardian is all that is needed.

Non-dairy beverages may be allowed:

- If the beverage **has** the same nutrition as cow's milk, it is allowed in school meals. Usually, soy milk meets this standard. A written request from a parent or medical professional is needed.
- If the beverage **does not** have the same nutrition as cow's milk, it cannot be served at parent request. A complete Special Diet Statement is required to serve it. Examples of these beverages are almond and rice milks.

Water and juice are not allowed as substitutes for cow's milk without a complete special diet statement.

Adapted from the Minnesota Department of Education

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