South Buffalo Charter School

Meal Modification Procedures

The goal of our Food Service program is to provide nutritious meals in a safe environment for all students at South Buffalo Charter School.

We understand that some children have special dietary needs that may require a meal modification outside of the USDA meal patterns.

Meal modifications come in all forms:

- texture modification
- food allergies
- qualifying medical disability that restricts their diet

The USDA has certain procedures we must follow to provide reasonable meal modifications for your child. The purpose of the procedures is twofold:

- Making sure the meal being served meets your child's nutritional needs as prescribed by a licensed physician.
- Making sure the modified meal being served meets the definition of a reimbursable meal as defined/required by USDA.

Meal modifications for students with qualifying medical disabilities

The USDA requires our Food Service program to provide reasonable meal modifications to children who qualify for disability under Section 504 of the Rehabilitation Act of 1973.

We will make meal modifications for your child with qualifying medical disability with supporting documentation.

Below are examples of qualifying medical conditions under Section 504:

- Cerebral Palsy
- Epilepsy
- MS
- Metabolic Disease (diabetes/PKU)
- Food Anaphylaxis
- Specific Learning Disabilities

When requesting a meal modification for your child, our Food Service program requires a written medical statement from a New York State licensed health care professional.
Below outlines what needs to be included in the statement:

- The medical statement identifies the medical disability
- How the disability restricts the child's diet
- Major life activity affected by disability
- Foods to be omitted from the child's diet
- Recommended food substitutions
- Duration of Meal Modification Plan

We will not ask for medical records

Please know that our Food Service program does not need your child's medical records or charts as part of the request for meal modifications.

Meal substitutions for students with non-medical dietary needs

Our Food Service program will make meal modifications for your child with non-medical special dietary needs.

We require a meal modification form for children with food intolerances and food allergies that do not result in life-threatening reactions.

A licensed physician must complete and sign the meal modification form.

We will review the request on a case-by-case basis.

Food Preferences

Our Food Service program does not make meal modifications for lifestyle or food preferences. Our menus offer a variety of selections.

We follow USDA offer vs. serve, which allows your child to customize their meal to enjoy the foods they like, reduce food waste, and fit into the USDA meal patterns, while declining food items they don't like.

We ask parents and children to review our online menu to find acceptable meal choices.

Reasons to Request a Meal Modification for your Child

- Increased/decreased calorie needs
- Meal supplement
- Texture modification
- Sensory issues requiring food items being removed/substituted
- Food allergy that results in anaphylaxis
- Food allergy that does not result in anaphylaxis
- Food allergy that required us to remove one or more of the meal components of a reimbursable meal

Steps to Complete the Meal Modification Form

Request a form from the nurse or Food Service Manager at your child's school or download it from our website.

Bring the form to your child's physician to be completed.

Make sure the licensed medical provider completes all sections on the back of the form.

Make sure all sections are complete and you, the parent, sign the front and a licensed physician, sign the back of the form.

We will return incomplete forms, which may slow down the process.

What Happens Next?

Return the completed meal modification form to the nurse at your child's school

The cafeteria manager will review the meal modification form for the completeness and take the steps necessary to start the requested dietary change.

Please allow up to 10 working days from the receipt of the meal modification form to review, approve and implement the request.

How often do I complete the meal modification form?

We ask parents to update this form annually unless your child's physician has documented this to be a "lifetime" condition. This helps us to make sure we have the most up-to-date information regarding meals to meet your child's dietary needs.

The best time to do this is at the beginning of the school year as you update other school forms for your child, but you can request meal modifications any time of the school year.

What if I need to stop the meal modification?

We understand things change. Children may outgrow food allergies or no longer need meal modifications.

Parents, have your child's physician complete the discontinuation form and return it to the school cafeteria manager. Once we receive the completed form, we will update the information in our system to remove any meal modifications.

Partnership formed

Communication is key! We are your partner for providing your child balanced meals that meet their medical and dietary needs when you cannot be there.

Menu choices and a carb count listing are found on the school website. It is important for parents and students to make meal choices together.

Our Food Service Manger communicates the dietary needs of your child to their employees regularly and provides training in food safety, cross-contamination, label reading and texture modification.

We strive to keep the lines of communication open with parents, teachers, and the school clinic to make sure the meals we provide meet the dietary needs of your child.

Procedural Safeguards

Should there be a concern, please reach out to the Nurse or Principal.

Parent/Guardian procedural rights:

- File a complaint if they believe a violation has occurred regarding the request for a reasonable modification
- Receive a prompt and equitable resolution of the complaint
- Examine the record
- Receive notice of the final decision and a procedure for review

Final Thoughts

Our goal is to provide nutritious meals in a safe environment for all students at South Buffalo Charter School.

South Buffalo Charter School
154 South Ogden St.
Buffalo, NY 14210
(716) 826-7213; (716) 826-7168 Fax

Meal Modification Form for Special Dietary Accommodations SY24-25

This form is for a request for a meal modification for special diets including food allergies.
A Physician completing this form confirms your student has a medical necessity for a modified diet (NOT food preferences).

Parent/Guardian – Complete Sections 1-4

1. Student Name:		Student ID:	
School Name:	Grade:	HR Teacher:	DOB:
Mailing Address:		City:	Zip:
Parent/Guardian Name:			
Phone Number (Home):	Cell/Mobile:		

2. Circle which meals student eats at school:

Breakfast / Lunch / Does not eat school meals

3. Parent(s) may complete this section – form still needs to be signed by medical doctor.

Does student have intolerance to milk? Yes or No Fluid Milk Only? Yes or No

Circle if student can have: Yogurt / Cheese / Dairy in baked goods / Pizza

4. Medical Release Statement: I, _____, the parent/guardian of the student listed above consent to the release of pertinent dietary information between physician and school as needed to meet the dietary needs of student. All information will be kept confidential.

Physician Name: _____ Physician Phone No.: _____

I acknowledge that my child may be identified in the meal service line. Parent Initials: _____

Parent/Guardian Signature: _____ Date: _____

Instructions:
All sections must be completed in full. Page two must be completed and signed by a Licensed Physician.
This form must be returned to the school nurse. Any incomplete forms or blank sections will be returned to the parent to complete.
For questions or clarification on meal modifications, please contact your school nurse.

Incomplete forms will be returned. Please do not leave any section(s) blank to avoid delays in processing.

All Sections below must be completed by a Licensed Physician

This section must be completed and not left blank.
Does the student have a Disability, Medical Condition (GI Disorder, Renal Disease), or Severe Food Allergy? Yes / No
If Yes, please provide a brief description of the major life activity (ex., breathing, learning, eating) affected by the disability or severe and/or life-threatening reaction resulting from the food allergy.

Circle all foods to omit for the student's diet during the school day only (not to be used as medical history): Milk / Egg / Wheat / Soy / Peanut / Tree Nut / Fish / Shellfish
Other foods (not listed above):

Foods to omit and suggested substitutes: (Attach additional sheet if needed).	
Food(s) to omit:	Suggested Substitute(s):

Diet Prescription: For carbohydrate or protein restrictions, include level (grams) for each meal.

_____

Food Texture Modification (please circle):

IDDS foods EC7 – regular/easy to chew	IDDS foods & drinks 3 – liquidized/moderate thick
IDDS foods 6 – soft & bite-sized	IDDS drinks 2 – mildly thick
IDDS foods 5 – minced & moist	IDDS drinks 1 – thin
IDDS foods & drinks 4 – pureed/extremely thick	Thickener recommended:

Duration of Meal Modification: Annual:_____ Lifetime:_____ Other:_____

Physician Signature:

Physician Name: (print)_____Date: _____ Physician Stamp:

Physician Office Phone No.: Office Contact Person:

District Office Use Only

Date received by School Nurse:	Nurse Name/School:
Date received by District Office:	
Notes:	

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Discontinuation of Special Dietary Accommodations for Meal Modifications School Year 2024-2025

We are committed to serving our students nutritious meals each day, including those students who require meal modifications to meet medically diagnosed or special dietary needs. To help us better meet the dietary needs of all students, it is important that we be notified as soon as possible of any changes to the students' special dietary needs. Please complete this form and return it to the nurse at your child's school. A copy will be given to our Food Service Manager to make the necessary changes.

Note: A Physician's signature is required on this form.

Completed by Parent/Guardian:		
Student Name:		Student ID:
School Name:	Grade:	HR Teacher:
( ) Discontinue current meal modification/request		
( ) Discontinue part of current meal modification/request If discontinuing part of the current meal modification, please indicate the modification to be made: ( ) No longer allergic to:_____ ( ) Other, please describe: _____ _____ Physician Signature: _____ Physician Name: (print)_____ Date: _____ Physician Office Phone No.: _____ Office Contact Person: _____		

School/District Office Use Only
Date Form Received:
Date Changed:
Food Service Manager Signature: _____ Copies of this form are kept by the School Nurse and Food Service Manager.

This Institution is an equal opportunity provider