SPRINGFIELD PUBLIC SCHOOLS HEALTH SERVICES
504 DIETARY PLAN

SCHOOL: **DATE OF BIRTH:**
STUDENT NAME: **STUDENT NUMBER:**
GRADE: **TEACHER:**

Section 504 of the Rehabilitation Act of 1973 assures handicapped students access to school meal service, even if special meals are needed because of their handicap.

"Handicapped student" means any student who has a physical or mental impairment which substantially limits one or more life activities; has a record of such impairment, or is regarded as having such impairment.

If special meals are needed and requested, certification from a medical doctor must (1) verify that special meals are needed because of the handicap, and (2) prescribe the alternate foods and forms needed.

1. Handicap/Diagnosis:_____

2. Why /How does handicap/diagnosis restrict the student's diet?_____

3. What is the major life activity affected by the student's handicap/diagnosis?_____

Food Intolerance:_____

Food Allergy:_____
Type of reaction to food: i.e., hives, GI distress, possible anaphylaxis, other- please identify:
_____
Is the food allergy life-threatening (anaphylaxis)? __yes __no
Which specific food(s) cause anaphylaxis?_____

Food(s) to be omitted from Student's Diet:	**YES**	**Food(s) to be substituted:**
Milk: liquid		
Milk: whey or casein protein allergy		
Is milk baked into foods OK?		
Dairy Products: yogurt, cheese, other – please specify:		
Eggs: Soft Scrambled, fresh cooked, raw – please specify:		
Are eggs baked into foods OK?		
Meat/meat alternates – please specify:		
Grains, grain products, gluten – please specify:		
If gluten: is this an intolerance or due to Celiac Disease?		
Fruits, vegetables, please specify:		
Peanuts, tree nuts, all nuts, please specify:		
Other Dietary Information/Instructions:		

_____ _____
Licensed Medical Provider's Signature (MD, DO, PA, NP) **Date**

_____
Address City State Zip Phone Fax
Will your child consume school meals? Daily_____ Sometimes_____Rarely_____Never_____

PARENT SIGNATURE: _____ DATE: _____
***Above signature by parent/guardian to also serve as authorization to discuss diagnosis/health with authorizing physician.**

FORM IS REQUIRED TO BE UPDATED EACH SCHOOL YEAR
Copy to be sent to SPS Dietitian in Nutrition Services, Nutrition Services Site Manager, Health Services

Revised 08 04 2021