



## Temporary Unique Mealtime Needs Request Form

The Temporary Special Nutritional Needs Form may be submitted by a parent/guardian and the school nurse to inform the cafeteria manager of dietary restrictions for a student with special nutritional needs due to a medical condition (Example: allergies). **This form is for temporary purposes only. A Medical Statement for Students with Unique Mealtime Needs for School Meals must be completed by a medical authority and submitted to the cafeteria manager of the school or Child Nutrition Services within 14 calendar days of the initial request.**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Parent/Guardian: (please print) \_\_\_\_\_

School: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

**This section must be completed by a parent/guardian.**

State the medical or dietary need that restricts the student's diet:

List the food item(s) to be restricted:

Substitutions will be based on product availability in the cafeteria.

List the requested food item(s) to be substituted:

I understand that Child Nutrition Services is charged with the role of preparing school meals and does not provide student supervision. I understand that Child Nutrition Services will assist my child with identifying food items offered by the cafeteria that comply with the restrictions listed on this form and that Child Nutrition Services is not responsible for monitoring my child during meals, snack times, or other possible opportunities for exposure to food items that may not comply with the restrictions.

I verify that the student has a diagnosed medical condition that requires a diet modification/restriction. **I understand that this form is for temporary purposes only and agree to submit a completed Medical Statement for Students with Unique Mealtime Needs for School Meals within 14 calendar days.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number: \_\_\_\_\_ Physician: \_\_\_\_\_

**This section should be completed by the school nurse (if the school nurse is unavailable, this section can be completed by the primary medication clerk).**

Course of Action:

Was the parent provided a copy of the Medical Statement for Students with Unique Mealtime Needs for School Meals?  
 \_\_\_\_\_ yes \_\_\_\_\_ no

Was the parent/guardian made aware that the Medical Statement for Students with Unique Mealtime Needs for School Meals must be completed and submitted within 14 calendar days? \_\_\_\_\_ yes \_\_\_\_\_ no

Special Notes/Instructions:

Name of School Nurse/Primary Medication Clerk: (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

## **Directions for completing the Temporary Special Nutritional Needs Form**

- When a parent/guardian informs the school or school nurse of a student with allergies (or other medical condition which requires diet modification) and the student will be receiving breakfast, lunch or snacks through Child Nutrition Services the parent and/or school nurse should complete a temporary special nutritional needs form and submit it to the cafeteria manager. **This form is for temporary use (14 calendar days) and should only be used when a medical authority has not completed a Medical Statement for Student's with Unique Mealtime Needs for School Meals.**
- If a school nurse is not available, the primary medication clerk may complete the Temporary Special Nutritional Needs Form. A copy of the form should be provided to the school nurse and the cafeteria manager.
- Once the cafeteria manager receives the form, the cafeteria manager will make a note on the student's account (for example: if the student is allergic to peanuts the note on the account should state "no peanuts") and the form should be filed in the HACCP notebook, located in the cafeteria manager's office. The cafeteria manager may provide ingredient information to the student, parent, nurse, teacher and/or primary medication clerk to help ensure that the student is making the appropriate food selections.
- The school nurse parent/guardian is aware that a Medical Statement for Student's with Unique Mealtime Needs for School Meals (signed by a medical authority) must be submitted to the cafeteria within 14 calendar days after submitting the temporary unique mealtime needs form. A copy of the Medical Statement for Student's with Unique Mealtime Needs for School Meals can be found on the Child Nutrition Services website <http://cn.ccs.k12.nc.us/special-diets-and-food-allergies/>.
- If a parent contacts the cafeteria manager regarding their student's allergy, the cafeteria manager should provide the parent/guardian with the Medical Statement for Student's with Unique Mealtime Needs for School Meals. If the parent/guardian requests that reasonable accommodations/restrictions be made immediately to the student's meal (for example if a student has an allergy or if exposure to the food/substance results in an anaphylactic reaction and an EpiPen is needed), the cafeteria manager should refer the parent to the primary medication clerk or school nurse to complete the Temporary Unique Mealtime Needs Form.

### **Questions/Answers:**

#### **Who can complete the Temporary Special Nutritional Needs Form?**

The school nurse and the student's parent/guardian should complete the form. If the school nurse is not available and diet modifications are requested immediately, the parent/guardian and the primary medication clerk may complete the form.

#### **When should this form be filled out?**

The form should be completed if the student has an immediate need for a diet modification/restriction. The form is used for temporary purposes only. A Medical Statement for Students with Unique Mealtime Needs must be completed and signed by a medical authority within 14-calendar day.