



Request for Special Diet for a Medical Condition or Disability

School Way Café

Regulations allow for food substitutions in the National School Lunch Program if a student is unable to consume required food components due to the student having a: Medical condition or disability OR an IEP that includes the medical condition or disability.

School Way Café will only honor requests for special diets with this completed "Request for Special Diet for a Medical Condition or Disability" form. This form must be completed and signed by a licensed medical authority (physician, physician's assistant, nurse practitioner, or registered dietitian) identifying the disability and required meal accommodations.

Submit completed forms to the School Way Café Manager at your student's school or the School Way Café District Office at 3720 Olson Drive, Daytona Beach, FL 32124.

An updated form is required each school year, and when a licensed medical authority changes diet orders.

Please note: School Way Café offers a diverse menu daily to appeal to student preferences.

Visit schools.mealviewer.com to view allergen information for our menus and individual menu items for the major allergens: Milk, Eggs, Fish, Shellfish, Peanuts, Tree Nuts, Soy, Wheat.

Due to safety and sanitation reasons, SWC cannot store, hold, or cook items sent from home.

Parent /Guardian

Student's School:	School Year:	Today's Date:
Student's Last Name:	Student's First Name:	
Date of Birth:	Student's Alpha ID:	
Home Address:		
Parent's Contact Information:	Home:	Cell: Email:
Does this student have an IEP in place at the school that includes dietary restrictions?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent/Guardian:	Today's Date:
Signature	Print

Licensed Medical Authority

Does this student have a disability, medical condition or severe food allergy that warrants a special diet?

The disability or medical condition must limit a major life activity such as breathing or learning, and the food allergy must result in a reaction that is life-threatening and/or severely impacts the student's ability to function in school. Per USDA law 42 USC 12102(2)(B), major bodily functions include those of the immune, digestive, bowel, bladder, cellular, neurological, brain, respiratory, circulatory, endocrine and reproductive systems.

Yes No

If "Yes," continue to complete the remainder of this form.
If "No," stop here. A special diet is not warranted.



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Licensed Medical Authority - Continued

Describe the disability, medical condition, or severe food allergy and check symptoms below:

- | | |
|---|--|
| <input type="checkbox"/> Skin – hives, swelling, itching, warmth, redness, rash | <input type="checkbox"/> Stomach – nausea, pain/cramps, vomiting, diarrhea, itchy mouth/throat |
| <input type="checkbox"/> Breathing – wheezing, shortness of breath, throat tightness, cough | <input type="checkbox"/> Other – Please specify: |
| <input type="checkbox"/> Circulation – pale/blue color, poor pulse, lightheadedness/fainting, low blood pressure, shock | |

Is this condition life threatening? Yes No

Briefly describe the major life activity affected by the disability or severe and/or life-threatening reaction resulting from a food allergy.

Check the type of food allergy or allergies. Check all that apply.

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Milk – As a beverage. | <input type="checkbox"/> Wheat |
| <input type="checkbox"/> May substitute with soy milk. | <input type="checkbox"/> Tree Nuts |
| <input type="checkbox"/> Milk - By-product (Cheese) or as an ingredient such as ice cream, yogurt, baked goods, or pizza. | <input type="checkbox"/> Peanuts |
| <input type="checkbox"/> Egg - Scrambled, hardboiled, fried; includes the yolk and the white. | <input type="checkbox"/> Fish |
| <input type="checkbox"/> Egg – As an ingredient in baked goods, in entrees, or in breading. | <input type="checkbox"/> Shellfish |
| | <input type="checkbox"/> Soy |

Texture Modification (If Needed): Chopped Ground Pureed

Medical Authority's:		Today's Date:	
Signature		Print	
Phone Number		Medical License Number:	
<input type="checkbox"/> Physician	<input type="checkbox"/> Physician's Assistant	<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> Registered Dietitian

For questions, please email: swcmenu@groups.volusia.k12.fl.us

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