

Office of Child Nutrition

Rebecca Lewis, Director of School Nutrition Programs

TO: Parents/Guardians of Hardy County School Students

RE: **Students Needing Special Dietary Accommodations**

The West Virginia Department of Education requires a completed medical statement to be submitted to Hardy County Schools for any child within our school system that requires a special diet. This form is attached and must be completed at the beginning of each school year.

As a sponsor of child nutrition programs, HCS is committed to providing meals that meet and exceed the nutritional needs of those children served, including those individuals requiring special diets. *In order to modify meals to meet such needs, federal regulations require that sponsors have on file a medical statement signed by a licensed physician.*

This statement helps to ensure that the physician's orders are clearly communicated and carried out by health professionals and cafeteria personnel. ***NOTE: The physician must list any substitutions, omissions, and/or modifications to diets on this form. A parent/guardian signature *must also* be included on the medical statement.**

If your child requires meal accommodations, please have the attached statement filled out by your physician as quickly as possible and returned to your child's school, ***even if you previously have one on file.*** This will allow HCS to best meet all necessary dietary needs. The medical forms should be *updated yearly* to be certain that appropriate food modifications are in place for your child. NOTE: If your child does not have any special dietary needs, there is no need to fill out the form.

If you have any questions, call the Child Nutrition office at 304-530-2348, extension 9223.

Medical Plan of Care for School/Site Food Service

Please read pages 1 and 2 before completing this form.

| | | |
|---|---------------------------------|-----------------------|
| Child's Name | Date of Birth | Grade Level/Classroom |
| Name of School/Site | WVEIS Number | |
| Name of Parent/Guardian | Phone Number of Parent/Guardian | |
| Signature of Parent/Guardian | Date | |
| <p>1. Provide an explanation below of how the child's physical or mental impairment restricts the child's diet:</p> | | |
| <p>2. Describe the specific diet or necessary modifications prescribed by the state licensed medical authority to accommodate the child's needs:</p> | | |
| <p>3. List the food or foods to be omitted (please be specific) and recommended alternatives, if appropriate.</p> <p>Foods to be omitted:</p> <p>1-</p> <p>2-</p> | | |
| <p>Suggested substitutions:</p> <p>1-</p> <p>2-</p> <p>3-</p> | | |
| <p>4. Indicate texture modifications, if applicable:</p> <ul style="list-style-type: none"> <input type="radio"/> Chopped/Cut into bite-sized pieces <input type="radio"/> Diced <input type="radio"/> Finely Ground <input type="radio"/> Pureed <input type="radio"/> Other: _____ | | |
| <p>5. List any required special adaptive equipment:</p> | | |
| Name of Physician/Medical Authority & Title (Please Print) | Provider Phone Number | |
| Signature of Physician/Medical Authority | Date | |
| <p>Signing the following section is optional, but may prevent delays by allowing the school/site to speak with the physician/medical authority.</p> <p>Health Insurance Portability and Accountability Act Waiver</p> <p>In accordance with the provisions of the Health Insurance Portability and Accountability Act of 1996 and the Family Educational Rights and Privacy Act, I hereby authorize _____ (medical authority) to release such protected health information of my child as is necessary for the specific purpose of Special Diet information to _____ (child nutrition program) and I consent to allow the physician/medical authority to freely exchange the information listed on this form and in their records concerning my child with the school/site 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 my child. I understand that permission to release this information may be rescinded at any time except when the information has already been released. My permission to release this information will expire on _____ (date). This information is to be released for the specific purpose of Special Diet information.</p> <p>The undersigned certifies that he/she is the parent, guardian or representative of the person listed on this document and has the legal authority to sign on behalf of that person.</p> <p>Parent/Guardian Signature: _____ Date: _____</p> | | |

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Community Eligibility Provision (CEP) and School Meal Payment Information

The CEP program will remain in effect for all schools in Hardy County during the 2023-24 school year. All students will receive breakfast and lunch meals at no charge. After school snack and supper meals for students staying after school will also be 'free.'

NOTE: Hardy County Schools continues to collect on outstanding bills owed prior to CEP. If you currently owe a bill for your child's meals, you may pay online at [SchoolCafe.com](https://www.schoolcafe.com), in person at the Board office, or by mailing a check or money order to the child's school or Board office. If you are experiencing difficulty in paying past due amounts, call the child nutrition office at 304-530-2348, extension 9223, to make payment arrangements and defer litigation. Unpaid bills that are forwarded to the Magistrate's office reflect negatively on credit reports and also result in additional charges added from court costs and interest accrued annually.

