

Medical Plan of Care for School Site Food Service

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	
1. Provide an explanation below of how the child's physical or mental impairment restricts the child's diet:		
2. Describe the specific diet or necessary modifications prescribed by the state licensed medical authority to accommodate the child's needs:		
3. List the food or foods to be omitted (please be specific) and recommended alternatives, if appropriate. Foods to be omitted: 1- 2-		
Suggested substitutions: 1- 2- 3-		
4. Indicate texture modifications, if applicable: <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: _____ 		
5. List any required special adaptive equipment:		
Name of Physician/Medical Authority & Title (Please Print)	Provider Phone Number	
Signature of Physician/Medical Authority	Date	
<p><i>Signing the following section is optional, but may prevent delays by allowing the school/site to speak with the physician/medical authority.</i></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 School Nurse or Child Nutrition Director _____ 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 I understand that permission to release this information may be rescinded at any time except when the information has already been released.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>		