



## Hillsborough County Student Nutrition Services Parent Information for Requesting Special Diets School Year 2024-2025

### **Student Nutrition Overview**

The Student Nutrition Services Department (SNS) strives to offer healthy, well-balanced meals. All meals meet or exceed nutritional standards for the National School Lunch and Breakfast program set forth by U.S. Department of Agriculture. To constitute a reimbursable lunch, students must select at least three out of the five components: meat/protein, grain, fruit, vegetable, and milk. At breakfast, students must select three out of the four components. At both meals, one of the components must be either a fruit or a vegetable.

### **General Information Regarding Special Diets**

Food substitutions/menu modifications may be requested for children with special dietary condition(s) by using Student Nutrition's *Diet Prescription for Special Meals*. School nutrition managers can use foods from Student Nutrition's standardized market list to meet most diet modifications that are requested. With most diets, we are able to prepare and serve flavorful menu items to your child that meets his or her special need, while still following federal guidelines for school meals.

### **Completing the Diet Prescription Form**

It is imperative that the *Diet Prescription for Special Meals* is completed correctly and in its entirety, then given to the Student Nutrition Manager and School Nurse at your site so we can safely serve your child. Food substitutions/menu modifications **cannot** be made without a completed form. A new form **must be** completed each school year so our records are kept up to date and the information on file is correct.

### **Partnering with Parents to Feed Your Child**

We want to work in partnership with you to meet the needs of your child while attending school. Once the *Diet Prescription for Special Meals* form is completed and returned, the Student Nutrition Manager will contact the parent/guardian to discuss the special diet. In some cases, a meeting between the parent, Student Nutrition Manager, and District Dietitian may be needed to discuss available menu substitutions/modifications necessary to accommodate your child's needs. Once appropriate menu/food choices have been determined, the Student Nutrition Manager will place an 'alert' on your child's meal account and the appropriate menu will be followed.

To assist parents, SNS has several tools available on the SNS Website ([www.hillsboroughschools.org/sns](http://www.hillsboroughschools.org/sns))

- Nutrislice menus online and via the Nutrislice smart phone app (<https://sdhc.nutrislice.com/>) for nutrition information, including carbohydrate counts and the top nine allergens on all menu items.
- Allergen information sheets on the nine major allergens: eggs, fish, milk, peanuts, sesame, shellfish, soy, tree nuts, and wheat.
- For additional assistance on ingredient and allergen information, please email the District Dietitian at [snspecialdiets@hcps.net](mailto:snspecialdiets@hcps.net).



## The following is additional information regarding special diets

### Food Allergens

To accommodate students that may have special dietary needs due to food allergies, including, but not limited to wheat, eggs, soy, fish, shellfish, milk, sesame, peanuts and other tree nuts, the Student Nutrition Manager can make substitutions in meal choices. SNS does not have specialty foods available but can accommodate all allergies with other items currently available. Allergen information on the nine major allergens eggs, fish, milk, peanuts, sesame, shellfish, soy, tree nuts, and wheat is posted on the SNS website. If your child has an allergy to a food item not provided, we welcome you to review ingredient labels upon request. The parent/guardian is responsible for approving all menu substitutions.

### Peanut Allergens

To accommodate severe peanut allergies, the school site can make a peanut free table available in the cafeteria per school specific policies. The peanut free table will be cleaned and sanitized prior to and after each child eats with a separate cleaning wipe. SNS does offer peanut butter products on their breakfast and lunch menu, but both items are sealed, individually packaged products. Both items are marked with "peanut butter." SNS is not responsible for ensuring lunch boxes brought from home are peanut free.

### Milk Allergens/Intolerances

For students with an allergy to milk, SNS will follow diet prescription forms signed by the physician. Lactose-free milk is available daily. Drinking water is also provided at each site, free of charge.

### Diabetic/Carbohydrate Controlled Diets

To accommodate students that may be following a restricted carbohydrate diet, nutrition information, including carbohydrate counts on all our menu items can be found on our Nutrislice website and app (<https://sdhc.nutrislice.com/>). A monthly menu will be provided to the parent/guardian to select the daily food choices. The completed menu must be returned to the Student Nutrition Manager at your child's school site to ensure that your child receives the correct menu options. The Student Nutrition Manager **is not responsible** for determining acceptable carbohydrate limits.

### Special Texture Diets

Special training is provided to all Student Nutrition Managers and their employees on handling special textured diets. Please ensure that the *Diet Prescription for Special Meals* is specific on the thickness of the foods, i.e. nectar-like, honey-like, spoon-thick for any pureed diets. Please list any foods to avoid due to preference and/or intolerance.



Hillsborough County Student Nutrition Services  
**DIET PRESCRIPTION FOR SPECIAL MEALS FORM**  
School Year 2024-2025

Student Nutrition Services is committed to serving all children nutritious meals; this includes working with children who have special dietary needs. To help us in meeting your child's dietary requirements, we require that this form be completed in its entirety and returned to the Student Nutrition Manager at your child's school. Once completed, the Student Nutrition Manager will contact you to discuss menu options.

**Please submit the completed form to: [SNSSpecialDiets@HCPS.net](mailto:SNSSpecialDiets@HCPS.net)**

**Section A- Must be completed by the Parent/Guardian**

Name of Student \_\_\_\_\_ Student's ID \_\_\_\_\_ Grade \_\_\_\_\_

School Name \_\_\_\_\_ Home Room Teacher's Name \_\_\_\_\_

Does the student typically receive a meal(s) from Student Nutrition Services (SNS)? **Yes** **No**

Student's Birthday \_\_\_\_\_

If yes, which meals provided by SNS will your child most likely eat?

- Breakfast  Lunch  Afterschool  Snack  Dinner

**Parent/Guardian Signature Name** (printed) \_\_\_\_\_ **Signature** \_\_\_\_\_

**Daytime Phone Number** \_\_\_\_\_ **Email Address** \_\_\_\_\_ **Date** \_\_\_\_\_

**Section B- Must be completed by the Physician**

**Student is allergic to the protein in the following foods:**

- Egg **proteins** (all egg: albumin (white) and yolk)  
 Egg (**whole**: hard boiled and scrambled; may have egg cooked in foods)  
 Fish  
 Milk proteins (not lactose intolerant; all foods with milk protein ingredients are restricted)  
 Peanuts, including peanut oil  
 Sesame  
 Shellfish  
 Soy  
 Including soybean oil  
 Tree nuts  
 Wheat  
 Other foods: \_\_\_\_\_

**Student has food intolerance issues:**

- Celiac disease and/or gluten intolerance  
 Lactose Intolerance  
 Cheese  Fluid Milk  Ice Cream  Yogurt  
 Other – Specify diagnosis: \_\_\_\_\_

Additional foods to be avoided: \_\_\_\_\_

**Additional Specific Foods to Omit**

**Additional Specific Foods to Substitute**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**I certify that the above-named student needs special school food as described above,**

**Physician's Name** (printed) \_\_\_\_\_ **Physician's Signature** \_\_\_\_\_

**Office Number** \_\_\_\_\_ **Date** \_\_\_\_\_



**Section C- Must be completed by a Physician**

**Is the student Diabetic and following a controlled diet?**     **Yes**         **No**

If yes, please describe special diet in detail. Please include the range of carbohydrates (grams) per meal that is required.

Carbohydrates (g) per meal    Breakfast: \_\_\_\_\_    Lunch: \_\_\_\_\_

**I certify that the above-named student needs special school food as described above,**

**Physician's Name** (printed) \_\_\_\_\_ **Physician's Signature** \_\_\_\_\_

**Office Number** \_\_\_\_\_    **Date** \_\_\_\_\_

**Section D- Must be completed by the Physician**

**Does the student need any special modification of dietary textures?**     **Yes**         **No**

Indicate texture on prescribed special diet.

- Soft & Bite Sized (Chopped)** (please indicate any specific instructions) \_\_\_\_\_
- Minced & Moist (Ground)** (please indicate any specific instructions) \_\_\_\_\_
- Pureed** (please indicate any specific instructions) \_\_\_\_\_

Indicate thickened consistency on prescribed special diet.

- Mildly Thick (Nectar)**         **Moderately Thick (Honey)**         **Extremely Thick (Spoon)**

**I certify that the above-named student needs special school food as described above,**

**Physician's Name** (printed) \_\_\_\_\_ **Physician's Signature** \_\_\_\_\_

**Office Number** \_\_\_\_\_    **Date** \_\_\_\_\_

**Section E- Must be completed by the Physician**

**Does the student have other special nutritional or feeding needs?**     **Yes**         **No**

Please describe the special diet/feeding needs (attach a list of foods to be omitted and/or substituted, if needed)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I certify that the above-named student needs special school food as described above,**

**Physician's Name** (printed) \_\_\_\_\_ **Physician's Signature** \_\_\_\_\_

**Office Number** \_\_\_\_\_    **Date** \_\_\_\_\_

**For School Use Only**

Date contacted parent: \_\_\_\_\_

Date of parent meeting: \_\_\_\_\_

Date Alert is entered: \_\_\_\_\_

Manager's Signature: \_\_\_\_\_

Form must be maintained on file in the SNS office for the current school year.

Copy must be provided to the School Nurse and the District Dietitian at [snsspecialdiets@hcps.net](mailto:snsspecialdiets@hcps.net)