

INTEROFFICE CORRESPONDENCE

Los Angeles Unified School District

TO: Food Service Manager, Nurse, Parent/Guardian **DATE:** August 8, 2025
FROM: Food Services Division
SUBJECT: Special Diet and Milk Substitution Requests

After completed special diet forms are submitted to specialdiet@lausd.net for processing, a Nutrition Specialist prepares dietary guidelines for the school and the Food Service Manager (FSM) implements the special diet. Below is information on different special diet requests:

1. First-Time Special Diet Request:

- A. Complete *LAUSD Medical Statement to Request Special Meals (Special Diet Form)*.
 - Parent/Guardian completes Section A of the *Form*.
 - Health Care Professional (Physician, Physician Assistant, Nurse Practitioner, or Registered Dietitian) completes section C on the *Form*.
 - Parent/Guardian gives completed *Form* to the FSM.
- B. Parent/Guardian provides meals until FSM sends dietary guidelines to the nurse and parent, which indicates the implementation of the special diet.
- C. Special meals are not provided to accommodate food preferences or religious convictions. Vegan and vegetarian meals are available daily. Please reach out to the FSM if these are needed.

2. Renewing Special Diets:

- A. If there are **NO CHANGES** to the student's special diet from last year, then the special diet is automatically renewed. No further paperwork is needed.
- B. If there are special diet changes from last year, then submit a new *Special Diet Form*.

3. Milk Substitutions:

Beverage Requested	Form Needed
Almond, Rice, or Juice	<i>Special Diet Form</i> : 1) Parent completes section A; 2) health care professional completes section C. 3) Parent gives the completed form to FSM.
Soy Milk	<i>Parental Request to Substitute Soy Milk for Fluid Milk</i> Parent completes <i>and</i> gives to FSM. Only parent/guardian signature needed.
Lactose-Free Cow's Milk	No form needed. Request this from the FSM if not already offered.

Nutrition Specialist Contact Information		
Region	Nutrition Specialist	Email
North	Bobbie Diamond	bobbie.diamond@lausd.net
South	Kayley Drain	kayley.drain@lausd.net
East	Kim Nguyen	duyen.nguyen@lausd.net
West	Ivy Marx	ivy.marx@lausd.net

LAUSD MEDICAL STATEMENT TO REQUEST SPECIAL MEALS

A. Parent/Guardian: Complete boxes 1-6 <i>(Padres/tutores: Complete recuadros 1-6)</i>			
1. Student Last Name <i>(Apellido)</i>		2. Student First Name <i>(Nombre del estudiante)</i>	
3. Date of Birth <i>(Fecha de nacimiento)</i>			
4. Parent/Guardian Name <i>(Nombre de los padres/tutores)</i>		5. Parent/Guardian Phone # <i>(Número de teléfono del los padres/tutores):</i> <input type="checkbox"/> Home <i>(Casa)</i> / <input type="checkbox"/> Cell <i>(Celular)</i> : () - Email Address <i>(Correo Electrónico)</i> :	
6. Meals Eaten at School <i>(Marque las comidas que su niño/a come en la escuela)</i> <input type="checkbox"/> Breakfast <i>(Desayuno)</i> <input type="checkbox"/> Lunch <i>(Almuerzo)</i> <input type="checkbox"/> Supper <i>(Cena)</i> <input type="checkbox"/> Snack for EEC only <i>(Merienda)</i>			

B. Food Services Manager (FSM): Complete boxes 7-17			
7. School Name		8. Loc. Code #	9. Region: Check <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W
10. Kitchen Type <input type="checkbox"/> PREP <input type="checkbox"/> NNC			
11. LAUSD Student ID Number <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	12. School Nurse Name:	13. Nurse's Email: <div style="border: 1px solid black; width: 150px; height: 20px; margin-top: 5px;"></div>	14. AFSS Name:
15. FSM Name	16. FSM Email <div style="border: 1px solid black; width: 150px; height: 20px; margin-top: 5px;"></div>	17. Cafeteria Phone # <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	18. Check box if an EEC Student? <input type="checkbox"/>

C. Healthcare Professional (Licensed Physician, Physician Assistant, Nurse Practitioner, or Registered Dietitian): Complete 19-31	
19. Description of Child's Physical/Mental Impairment: DO NOT LEAVE BLANK <i>(Describe how the impairment restricts the child's diet)</i>	
20. Explanation of Diet Prescription and/or Accommodation to Ensure Proper Implementation: <i>Describe specific diet or accommodation</i>	
21. Indicate Special Texture if Needed: <input type="checkbox"/> Ground <input type="checkbox"/> Pureed <input type="checkbox"/> Chopped Finely <input type="checkbox"/> Chopped Dime-Sized <input type="checkbox"/> Chopped Nickel-Sized <input type="checkbox"/> Chopped Quarter-Sized	
22. Foods to be Omitted and Substitutions <i>(List specific foods to be omitted and specific foods to include. Attach separate sheet if needed)</i> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> A. Foods to be Omitted <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div> </div> <div style="width: 48%;"> B. Suggested Substitutions (Foods to Include) <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div> </div> </div>	

23, 24: Only complete if applicable to student.	23. Milk/Dairy Allergy or Intolerance: This student <u>NOT</u> able to eat/drink the following (check off all that apply): <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Fluid Cow's Milk</div> <div><input type="checkbox"/> Lactose Free Cow's Milk</div> <div><input type="checkbox"/> Baked Goods containing Milk/Dairy products</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Yogurt</div> <div><input type="checkbox"/> Cheese</div> <div><input type="checkbox"/> Condiments containing Milk/Dairy products</div> </div>		
	24. Egg Allergy or Intolerance: This student <u>NOT</u> able to eat the following (check off all that apply): <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Scrambled Eggs/Egg Patties</div> <div><input type="checkbox"/> Condiments containing eggs <i>(mayonnaise, salad dressings, etc.)</i></div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Baked Goods containing eggs</div> <div><input type="checkbox"/> Foods containing eggs as a minor ingredient</div> </div>		
25. Name of State Licensed or Registered Healthcare Professional:		26. Signature of Licensed Healthcare Professional:	27. Date:
28. Check One: <input type="checkbox"/> MD/DO <input type="checkbox"/> PA <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Registered Dietitian		29. Healthcare Professional's Phone #: () -	
30. If applicable, Name of Registered Dietitian following student:		31. Dietitian Phone #: () -	

In accordance with Federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities requiring alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by mail: USDA Office of the Assistant Secretary for Civil Rights, 1400 Independence Ave.S.W., Washington, D.C. 20250-9410; fax (202)690-7442/ e-mail: program.intake@usda.gov. This institution is an equal opportunity provider.

INSTRUCTIONS AND INFORMATION FOR LAUSD MEDICAL STATEMENT TO REQUEST SPECIAL MEALS

A. FOOD SERVICE MANAGER AND PARENT/GUARDIAN:

1. FSM provides ***LAUSD Medical Statement to Request Special Meal Form*** to the parent/guardian.
2. Parent/Guardian completes Section "A".
3. Food Service Manager (FSM) completes Section "B". Student ID# is available for ALL students.
ask the Office Manager for it:
4. Healthcare Professional completes Section "C"
5. Parent returns form to FSM. If the form is incomplete, FSM returns it to parent for completion.
6. FSM can accept a doctor's medical statement identifying a student's special diet needs. If a medical statement is submitted, FSM still completes the *Special Diet Form* - sections A and B. The statement must be on the doctor's office letterhead and include the following:
 - A. Student Name
 - B. Student Date of Birth
 - C. Clearly states the allergy, medical diagnosis, foods to avoid, dietary modifications needed, and recommended substitutions if appropriate.
 - D. Doctor's name, signature, and date
7. FSM scans and emails completed form within 24 hours of receipt to specialdiet@lausd.net.
8. Nutrition Specialist (NS) emails FSM special diet instructions or reason why a request could not be fulfilled.
9. FSM files the special diet original in the cafeteria and gives a copy to the parent/guardian, school nurse, and Section 504 coordinator (i.e. school site designee such as school administrator or coordinator).
10. If parent and/or nurse requests additional nutrition information, FSM can direct them to the LAUSD website at <http://lausd.yummy.com> for the menu, nutrition, allergen, and carbohydrate information.
11. Special diets are automatically renewed annually. FSM follows guidelines provided for the previous year.
12. If a special diet is discontinued, FSM provides parent/guardian *Statement to Discontinue Special Diet* form or a signed written statement or email from parent/guardian that requests the discontinuation of the diet.

B. LICENSED OR REGISTERED HEALTH CARE PROFESSIONAL COMPLETING SECTION C:

1. State Licensed/Registered Healthcare Professional signing this form completes boxes under Section C.
2. Specific details are required for items 19 and 20. Additional pages may be attached to this form if necessary.
3. A state licensed or registered healthcare professional in California is a Licensed Physician, Physician Assistant, Nurse Practitioner, or Registered Dietitian.

Citations are from Section 504 of the Rehabilitation Act of 1973, Americans with Disabilities Act (ADA) of 1990, and the ADA Amendment Act of 2008: A person with a disability is defined as any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment. **Physical or mental impairment** means (a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory; speech; organs; cardiovascular; reproductive, digestive, genito-urinary; hemic and lymphatic; skin and endocrine; or (b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. **Major life activities** include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. **Major bodily functions** have been added to major life activities and include the functions of the immune system; normal cell growth; and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive functions. **"Has a record of such an impairment"** means a person has or has been classified (or misclassified) as having a history of mental or physical impairment that substantially limits one or more major life activities.