Lee County
Food & Nutrition Services
NOURISHING STUDENT SUCCESS

The School District of Lee County
Food & Nutrition Services
Parent Information for Requesting Special Diets
School Year 2026-2027

Student Nutrition Overview
The Food & Nutrition Services Department (FNS) strives to offer healthy, well-balanced meals to all of our students. All meals must meet the strict nutritional standards for the National School Lunch and Breakfast program set forth by USDA. To constitute a reimbursable breakfast or lunch, students must select at least 3 of the 5 components offered: meat/protein, bread, fruit, vegetable, and milk. 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 FNS's ***Diet Prescription for Special Meals.*** School nutrition managers can use foods from typical meal lists to meet most diet modifications that are requested. However, when necessary we will utilize specialized items to ensure a safe mealtime environment for your child. If a student needs to eliminate an item such as milk from the diet, then he/she may either choose to drink portable water free of charge or choose to purchase another type of drink. Milk is required to be offered to all children, but it is not mandatory that a child takes milk for a complete meal. 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 given to the Nurse or Clinic Aide at your school so we can safely serve your child. Food substitutions/menu modifications **cannot** be made without a completed form.

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 Food & Nutrition Manager will contact the parent/guardian to discuss the special diet. In some cases, a meeting between the parent, Food & 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, FNS has created several tools located on the FNS Website (http://www.leeschools.net/nutrition)
- Nutrition information, including carbohydrate counts on all menu items
- Allergen information on the nine major allergens: wheat, soy, treenuts, peanuts, eggs, milk, fish, shellfish & sesame
- MealViewer (free smart phone app) and MySchoolBucks.com for obtaining a history of your child's meal choices

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 and milk, peanuts and other tree nuts, the Food & Nutrition Manager can make substitutions in meal choices. FNS does have specialty foods available such as gluten free pastas, breads, dairy free cheese but can also accommodate all allergies with other items currently available.

Milk Allergens/Intolerances
For students with an allergy to milk; milk is not required to be selected as part of the reimbursable meal. Drinking water is provided at each site, free of charge, and other milk alternatives are also available for students who have completed and submitted a ***Milk Substitution*** form.

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 FNS website (http://www.leeschools.net/nutrition) and on our menu app (Meal Viewer). The Food & Nutrition Manager **is not responsible** for determining acceptable carbohydrate limits.

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DIET PRESCRIPTION FOR SPECIAL MEALS FORM

School Year 2025-2026

Food & 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 and returned to the Food & Nutrition Manager at your child's school.

Section A- Must be completed by the Parent/Guardian

Name of Student_____Student's ID_____Grade_____

School Name_____Teacher's Name_____

Does the student typically receive a meal(s) from Food & Nutrition Services (FNS)? □ **Yes** □ **No**

If yes, which meals provided by FNS 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

Does the student have food allergies? □ **Yes** □ **No**
If yes, please select the allergen from the list below

Wheat
□ All Wheat

Eggs
□ All Egg Proteins- albumin (white) and Yolk
□ Whole Egg- hard boiled and scrambled

Dairy
□ All Milk Proteins- Casein, Whey, etc.
□ Fluid Milk
□ Cheese □ Yogurt □ Ice Cream

Treenuts
□ All Treenuts

Peanuts
□ All Peanuts, including Peanut Oil

Soy
□ All Soy Protein
□ All Soy Protein except Soybean Oil

Fish
□ All Fish

Shellfish
□ All Shellfish

Other:_____ **Other:**_____

Specific Foods to Omit	**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

If student has restrictions for solids, please indicate texture modification:

- □ **Pureed**
- □ **Ground**
- □ **Mashed**
- □ **Chopped**
- □ **Bite size**
- □ **Mixed**
- □ **Other:**_____

If student has restrictions on liquids, please indicate consistency:

- □ **Thin Liquids**
- □ **Nectar Thick**
- □ **Honey Thick**
- □ **Spoon Thick**
- □ **No liquids**
- □ **Pediasure**
- □ **Other:**_____

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 FNS office for the current school year. Copy must be provided to the School Nurse and the District Dietitian