- N BOard	Student Name:	Date of Birth//			
Health Related Services	Parent Request for School Meal Accommodation and Physician's Prescription for Food Allergy				
Student Name:	Student ID Number:	Date://			
USDA regulations 7 CFR Part 15b require substitutions or modifications in school meals for children whose disabilities (including allergic reactions) restrict their diets. A child with a disability will be provided substitutions in foods when supported by a statement signed by a licensed physician. The statement must identify: the child's disability, an explanation of why the disability restricts the child's diet, the major life activity affected by the disability, and the food(s) that must be omitted and/or substituted from the child's diet. Accommodations will be initiated upon receipt of physician directions on this modified school lunch form.					
Signing below consents to commabove.	nunication between school health professionals ar	nd the physician regarding the student listed			

Signature of Parent/Guardian: \_\_\_\_\_\_ Email: \_\_\_\_\_\_ Phone Number(s): \_\_\_\_\_\_ Email: \_\_\_\_\_\_

# MEDICAL DIAGNOSIS: \_\_\_\_\_

### LENGTH OF DIETARY RESTRICTION:

Temporary until \_\_\_\_\_

#### WEIGHT REDUCTION DIET

- □ Calorie Restriction: \_\_\_\_\_ calories/meal
- □ Substitute Fruit for any Dessert
- □ Skim Milk Only

#### **DIABETIC DIET**

- □ \_\_\_\_\_ grams CHO at Breakfast
- □ \_\_\_\_\_ grams CHO at Lunch

### **RENAL DIET**

- □ \_\_\_\_\_ gram Sodium restriction
- □ \_\_\_\_\_ gram Potassium restriction

#### **CARDIAC DIET**

- □ \_\_\_\_\_ gram Sodium restriction
- □ \_\_\_\_\_ gram Fat restriction

### **TEXTURE MODIFICATION**

- □ Chopped or Bite sized foods
- □ Pureed
- Thickened Liquid to \_\_\_\_\_ Consistency. (use \_\_\_\_\_teaspoon(s) of thickener per oz liquid)

□ Life Long

\_\_\_\_\_

#### WEIGHT INCREASE DIET

- Calorie Goal: \_\_\_\_\_ calories/meal
- □ High Protein: \_\_\_\_\_ g Protein/meal
- □ High CHO Diet: \_\_\_\_\_ g CHO/meal
- □ \_\_\_\_\_ grams CHO at Snack
- $\square$  No restriction
- □ \_\_\_\_\_ gram Phosphorus restriction
- □ \_\_\_\_\_ gram Protein allowed

□ Other:\_\_\_\_\_

### **OTHER NEEDS**

- □ Fiber Additives (provided by parent)
- MCT Oil or Other Caloric Enhancer (provided by parent)
- Meal replacements (prescription including formula, dosage and time must be provided)

### **FOOD ALLERGIES**

## **Type of Allergic Reaction:**

Rash/Hives Diarrhea

□ Stomach Discomfort

□ Anaphylaxis

□ Swelling

Below are the most common allergies. Please check the appropriate boxes. Use the "OTHER" section to include any food allergies not listed. Do not rely on a list of prepackaged foods. Ingredients can change often and without notice.

EGGS (please check one)	□ Allowed in Cooking	🗆 Not Allo	wed in Cooking	
MILK:		tose Intolerance (student will be the option of lactose free milk)	□ Milk Allergy (student will be given the option of 100% juice or water unless otherwise noted)	
	Please check one:	□ Milk allowed bid fluid milk only (excludes dairy such as cheese,	products cooking	
<b>CORN</b> (check all that apply)	<ul> <li>Avoid whole kernels only</li> <li>Avoid corn protein</li> <li>Avoid corn derivatives (includes food starch, modified food starch, cornmeal, grits, corn flours, corn starch, corn syrup, corn syrup solids, vegetable starch, vegetable gum, baking powder)</li> </ul>			
<b>FISH/SHELLFISH</b> (check all that apply)	□ Avoid fish	Avoid shellfish	□ Avoid area when cooking	
<b>PEANUTS</b> (check all that apply)	Ingestion	□ Touch (student will be offered alternative seating within the cafeteria)	offered an alternative location outside of the cafeteria)	
*Inhalation protocols include removing the child from the lunch room. This precaution is due to the fact that we cannot guarantee what another student brings from home. Please use with appropriate discretion.				
<b>TREE NUTS</b> (check all that apply)	□ Ingestion	<ul> <li>Touch (student will be offered alternative seating within the cafeteria)</li> </ul>	offered an alternative location outside of the cafeteria)	
*Inhalation protocols include removing the child from the lunch room. This precaution is due to the fact that we cannot guarantee what another student brings from home. Please use with appropriate discretion.				
WHEAT:	Avoid globulins	$\Box$ Avoid albumins $\Box$ A	void gliadins 🛛 Avoid glutenins	
GLUTEN:	□ Avoid wheat	□ Avoid barley □ A	void rye 🛛 Avoid oats	
SOY:	Avoid soy protein	Avoid soy byproducts	Avoid soybean oil (Soybean oil may not be listed as an allergen as it is highly refined and often unlikely to cause a reaction)	
OTHER:			□	
	□		□	
Additional Notes:				
Physician's Name:	Physician's' Signature:			
-	Phone Number:			

In accordance with Federal civil rights law and U.S. Department of Agriculture (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, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, 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:

(1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue. SW Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.