



Parent Request for School Meal Accommodation and Physician's Prescription for Food Allergy



Student _____, Student I.D. Number: 0000 _____ Date __/__/__

Dear Physician,

Under Section 504 of the *Rehabilitation Act of 1973* and the *Americans with Disabilities Act of 1990*, a person with a disability means any person who has a physical or mental impairment, which substantially limits one or more major life activities. USDA regulations 7 CFR Part 15b require substitutions or modifications in school meals for children whose disabilities restrict their diets. A child with a disability will be provided substitutions in foods when supported by a statement signed by a license physician. The following statement completed and signed by a physician 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. Food Restriction Accommodations will be initiated upon receipt of physician directions on this modified school lunch form.

As parent /guardian of the above named student, I do hereby request the school system provide a modified school food to accommodate the above named student. I consent to the release of allergy medical information by and to my child's physician for the purpose of providing my child with a school meal to accommodate his/her food allergy.

Phone Number(s) _____

Signature of parent/guardian _____

Physician's Statement

*Medical Diagnosis: _____

*Food Allergy: _____

*Major life activity affected by student's disability (*please check all that apply*):

- Caring for one's self
- Eating
- Performing manual tasks
- Walking
- Seeing
- Hearing
- Speaking
- Breathing
- Learning
- Working

*Length of Time for Dietary Restrictions Temporary until: _____ Life Long

Specify date

Food Allergy/Sensitivity: ALL students with severe food allergies require an Individual Health Accommodation Plan. When a food allergy results in a severe, life-threatening (anaphylactic) reaction, the child's condition would meet the definition of "disability" and substitutions prescribed by the physician will be made for the student with food allergy. *Food intolerance is not defined under Section 504 of the Rehabilitation Act as a disability.*

Provide a list of all food ingredients to be avoided. Parents do not rely on lists of "safe" prepackaged food, because ingredients can change often and without warning, making such lists out-of-date quickly.

Physician, please indicate which foods should be EXCLUDED whenever possible. Prepackaged foods may contain hidden ingredients.

Eggs: Most commercially processed cooked pastas (including those used in prepared foods such as soup contain egg or are processed on equipment shared with egg-containing pastas).

- Eggs are Allowed in cooking
- Eggs are NOT allowed in cooking
- Avoid Egg (white, yolk, dried, powdered, solids)
- Avoid _____
- Pasta
- Macaroni
- Soups
- Mayonnaise

Latex Sensitivity: List foods to avoid _____, _____, _____, _____, _____

Latex Allergy: List all foods to avoid _____, _____, _____, _____, _____

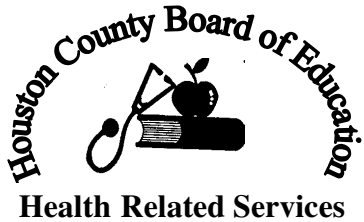
Student _____, Student I.D. Number: 0000 _____ Date __/__/__

- Milk:** (___ 1% ___ skim ___ all milk) _____ may be substituted instead of milk
 - Milk** Allowed in cooking **Milk** NOT allowed in cooking
 - May have Lactose Free Milk** (Lactaid Milk)
- Avoid Milk Products (cheese, yogurt)** Allowed in cooking NOT allowed in cooking
 - Avoid Hydrolysates** (casein, milk protein, whey, whey protein)
- Avoid Sour Cream (sour cream solids sour milk solids)** **Yogurt**
- Avoid Milk Derivative** (powder, protein, solids, malted, condensed, evaporated, dry, whole, low-fat, non-fat, skimmed and goat's milk)
- Corn:**
 - Avoid Corn Protein** Baking powder Corn flour Cornstarch Corn syrup solids
 - Cornmeal Grits Food starch Modified food starch Vegetable gum
 - Vegetable starch
- Fish** _____ **Shell Fish** (Specify) _____, _____, _____
 - Fish protein can become airborne during cooking and cause an allergic reaction.
Avoid area when cooking.
- Peanuts:**
 - Inhalation Ingestion Touch
 - Avoid tree nuts as an extra precaution
- Tree Nuts:** (Specify) _____, _____, _____, _____
 - Inhalation Ingestion Touch
- Legumes:** **Beans** **Soy** **Peas**
- Coconut**
- Wheat Protein:** **Globulins** **Albumins** **Glutenins** **Gliadins.**
- Gluten:** AVOID foods which contain gluten: **Wheat** **Rye** **Oats** **Barley**
- Soy:** Soybeans and soy products are found in baked goods, canned tuna, cereals, crackers, sauces, and soups AVOID as extra precaution
 - Soy Sauce
- Citrus** _____, _____, _____, _____ **Chocolate**
- Potatoes** (white/sweet) **Tomatoes** **Other** (Specify): _____



Physician's Name: _____ Physician's Signature: _____

Address: _____ Phone: _____



Parent Request/ Physician's Prescription for School Meal Accommodations (Not a Food Allergy)



Student _____, Student I.D. Number: 0000 _____ Date __/__/__

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Specify date

I. **Weight Reduction Diet:**

- Calorie Restricted Diet _____ cal/meal
- Salad Bar _____ 's a week
- Carbohydrate Restricted to _____ Gm/meal per meal _____ breakfast _____ lunch _____ snack
- Substitute fruit for dessert 1% or skim milk only

II. **Diabetic Diet:** An Individual Health Accommodation Plan is needed for **ALL** students with Diabetes.

- Target Carbohydrates
- Breakfast _____ Gm
- Snack _____ Gm
- Lunch _____ Gm
- No restriction
- Must avoid: (please specify :) _____
- Student needs assistance with carbohydrate /carb ratio

III. **Renal Diet:** _____ Gm Sodium Restriction _____ Gm Potassium Restriction _____ Gm Phosphorus Restriction
_____ Gm Protein allowed

IV. **Cardiac Diet:** _____ Gm Sodium Restriction _____ Other: _____



Physician's Signature: _____

Address: _____ Phone: _____