Student Name: _____ Date of Birth ____/____/_____

Houston County Board of Education
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 communication between school health professionals and the physician regarding the student listed above.

Signature of Parent/Guardian: _____
Phone Number(s): _____ ***Email:*** _____

MEDICAL DIAGNOSIS: _____

LENGTH OF DIETARY RESTRICTION:

- ☐ Temporary until _____
- ☐ Life Long

WEIGHT REDUCTION DIET

- ☐ Calorie Restriction: _____ calories/meal
- ☐ Substitute Fruit for any Dessert
- ☐ Skim Milk Only

WEIGHT INCREASE DIET

- ☐ Calorie Goal: _____ calories/meal
- ☐ High Protein: _____ g Protein/meal
- ☐ High CHO Diet: _____ g CHO/meal

DIABETIC DIET

- ☐ _____ grams CHO at Breakfast
- ☐ _____ grams CHO at Lunch
- ☐ _____ grams CHO at Snack
- ☐ No restriction

RENAL DIET

- ☐ _____ gram Sodium restriction
- ☐ _____ gram Potassium restriction
- ☐ _____ gram Phosphorus restriction
- ☐ _____ gram Protein allowed

CARDIAC DIET

- ☐ _____ gram Sodium restriction
- ☐ _____ gram Fat restriction
- ☐ Other: _____

TEXTURE MODIFICATION

- ☐ Chopped or Bite sized foods
- ☐ Pureed
- ☐ Thickened Liquid to _____ Consistency. (use _____teaspoon(s) of thickener per oz liquid)

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)

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Student Name: _____ Date of Birth ____/____/_____

FOOD ALLERGIES

Type of Allergic Reaction:

- ☐ Rash/Hives
- ☐ Diarrhea
- ☐ Stomach Discomfort
- ☐ Swelling
- ☐ Anaphylaxis

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 Allowed in Cooking

MILK:	*Please check one:*	□ Lactose Intolerance *(student will be given 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:	□ Avoid fluid milk only	□ Milk allowed in cooking (excludes dairy products such as cheese, yogurt, etc.)	□ Milk not allowed in cooking

CORN *(check all that apply)*	□ Avoid whole kernels only □ Avoid corn protein □ 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)*

FISH/SHELLFISH *(check all that apply)*	□ Avoid fish	□ Avoid shellfish	□ Avoid area when cooking

PEANUTS *(check all that apply)*	□ Ingestion	□ Touch *(student will be offered alternative seating within the cafeteria)*	□ Inhalation* *(student will be 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.

TREE NUTS *(check all that apply)*	□ Ingestion	□ Touch *(student will be offered alternative seating within the cafeteria)*	□ Inhalation* *(student will be 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	□ Avoid albumins	□ Avoid gliadins	□ Avoid glutenins

GLUTEN:	□ Avoid wheat	□ Avoid barley	□ Avoid 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:** _____

Address: _____ **Phone Number:** _____

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Student Name: _____ Date of Birth ____/____/_____

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. **fax:**
   (833) 256-1665 or (202) 690-7442; or
3. **email:**
   program.intake@usda.gov

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