



Food Service Department
Watertown City School District
1351 Washington St
Watertown NY 13601
(P) 315-785-3717
(F) 315-785-6855



Dear Community:

The Watertown City School District is committed to the daily management of students in our district with allergies. The increasing prevalence of allergies poses unique challenges for students and staff in the school setting. Federal regulations require schools to serve meals at no extra charge to students whose disability restricts their diet in such a way that they cannot fully participate in the food service program with some modification to the foods offered on the scheduled menu.

In order for this to occur families must request special meals from the school and provide the school with medical certification from a medical doctor. The medical certification must contain the following:

- Verification from a medical doctor that special foods are needed due to the student's disability
- A completed Diet Prescription for Meals form

Please return completed forms to your school nurse or to the foodservice department via mail, email or fax.

If you have further questions please contact your school nurse or the Food Service.

Thank you,

Mary C Hughes

mhughes@watertowncsd.org
Food Service Director
Watertown City School District
1351 Washington Street
Watertown, NY 13601

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USDA Nondiscrimination Statement



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DIET PRESCRIPTION FOR MEALS AT SCHOOL 2021-2022

Name of Student: _____ School: _____ Grade: _____

Disability or Medical Condition:

Metabolic Diseases:

- Celiac Disease (Gluten Allergy) Diabetes (circle one: type I or type II)
 Other: _____

Food Allergies:

- Egg Fish Peanut Shellfish Tree nut Soy Wheat
 Milk Lactose Intolerance Other: _____

Is this condition permanent or temporary? Permanent Temporary

If temporary please give the length of time instructions are to be followed with explanation:

Diet Prescription: (check all that apply)

- Celiac Disease (Describe) _____
 Diabetes (Describe) _____
 Allergies (Describe) _____
 Other (Describe) _____

Foods Omitted: _____

Substitutions: _____

Other Information Regarding Diet or Feeding: (Please provide additional information on the back of this form or attach to this form)

I certify that the above named student needs special school meals prepared as described above because of the student's disability or chronic medical condition.

Physician Signature

Office Phone Number

Date

Print Physician's Name

Address

Please return to your School Nurse
Revised June 2020



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USDA Nondiscrimination Statement

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, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form \(link is external\)](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html (link is external), 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 (link sends e-mail).

This institution is an equal opportunity provided.

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Revised June 2020



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