



ALLERGY/ SPECIAL MEALS ACCOMMODATIONS FORM

SY 2021/2022

Return this form to your child's school. This form **must** be filled out completely and submitted before any meal substitutions can be made for children who have a medical condition or other disabilities. **This form must be signed by a medical authority.**

1. School District Richmond Public Schools	2. School Name	3. School Phone Number .
4. Name of Child		5. Age of Child .
6. Name of Parent or Guardian		7. Phone Number .

Schools and agencies participating in federal nutrition programs are not required to provide substitutions for special meal and/or accommodations, and are permitted to do so **ONLY** when omitted foods, substitutions and/or accommodations are specified by a medical authority. If diet modifications are implemented by the school, they will continue until a medical authority specifies that they should be changed or stopped.

Student Diagnosis OR Condition:

<input type="checkbox"/> Food Intolerance	<input type="checkbox"/> Food Allergy	<input type="checkbox"/> "Life Threatening Food Allergy – Check appropriate box: _____
<input type="checkbox"/> Disability (Specify): _____		
<input type="checkbox"/> Other (Specify): _____		

10. Explanation of Diet Prescription and/or Accommodation to Ensure Proper Implementation:

Diabetic meal plan. Please specify _____

Gluten-free meal plan. Please omit all products containing wheat, rye, barley and oats.

Lactose Intolerance: _____

Modified Texture: Regular Chopped Ground Pureed

Other (describe) _____

Modified thickness of liquids: Regular Nectar Honey Pudding

Other (describe): _____

11. Adaptive Equipment to be Used:

<p>12. Omit Foods Listed Below:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Substitute Foods Listed Below:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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For this purpose, a state licensed health care professional in Virginia is a licensed physician, a physician assistant, or a nurse practitioner. The information on this form should be updated to reflect the current medical and/or nutritional needs of the participant.

12. Signature of State Licensed Healthcare Professional	13. Printed Name	14. Phone Number	15. Date
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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.

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: [How to File a Complaint](#), 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.

Definition of Disability:

Federal regulations governing the Child Nutrition Programs provide that schools must make substitutions in breakfasts, lunches and afterschool snacks for students who are considered to have a disability and whose disability restricts their diet.

Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA), a "person with a disability" means "any person who has a physical or mental impairment which substantially limits one or more major life activity, has a record of such impairment, or is regarded as having such an impairment." The term "physical or mental impairment" includes, but is not limited to, such diseases and conditions as:

- Cancer
- Cerebral Palsy
- Drug addiction and alcoholism
- Emotional illness
- Epilepsy
- Food anaphylaxis (severe food allergy)
- Heart disease
- HIV
- Mental retardation
- Metabolic diseases, such as diabetes or phenylketonuria (PKU)
- Multiple Sclerosis
- Muscular Dystrophy
- Orthopedic, visual, speech and hearing impairments
- Specific learning disabilities
- Tuberculosis

- Major life activities covered by this definition include caring for one's self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working

The Individuals with Disabilities Education Act (IDEA) includes the following conditions:

- Autism
- Deaf-blindness
- Deafness or other hearing impairments
- Emotional disturbance
- Mental retardation
- Multiple disabilities
- Orthopedic impairments
- Other health impairments due to chronic or acute health problems, such as asthma, diabetes, nephritis, sickle cell anemia, a heart condition, epilepsy, rheumatic fever, hemophilia, leukemia, lead poisoning, or tuberculosis
- Specific learning disabilities
- Traumatic brain injury
- Visual impairment, including blindness which adversely affects a child's educational performance