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GAINESVILLE CITY SCHOOL SYSTEM

ONE GAINESVILLE: We will inspire, nurture, challenge, and prepare our students.

Dear Parent/Guardian,

It is the goal of the Gainesville City School Nutrition Program to ensure that our students receive the safest and most appropriate food items on a daily basis. Students with special dietary needs who do not eat in the cafeteria do not have to submit the attached form.

If your child requires a special meal from the cafeteria, the "MEDICAL STATEMENT TO REQUEST ACCOMMODATIONS FOR DISABILITIES IN THE SCHOOL MEAL PROGRAMS" must be completed and returned to the School Nutrition Department or cafeteria.

Certain physical or mental impairments require meal modifications that do not follow the required Program meal pattern. In a disability situation, meal modifications outside the meal pattern are reimbursable, provided the request is supported by a medical statement signed by a State licensed healthcare professional.

The criteria for requesting a special diet:

- Any student whose licensed medical authority certifies that the student has special dietary needs and/or a severe, life-threatening (anaphylactic) reaction to a specific food or group of food may qualify for dietary modifications.
- Students who receive meal accommodations based on current specific dietary accommodations in their 504 Plan or IEP will receive those accommodations, but we do ask for the most current information as dietary needs change from time to time.
- Other dietary restrictions that allow for simple substitutions may be accommodated on a case by case basis (e.g. student with strawberry allergy may receive another fruit in its place). However, additional documentation, including a physician's signature may be required for the safety of the child.

When a signed medical statement is required (i.e. the modification does not meet meal pattern requirements), the medical statement must include:

- Information about the child's physical or mental impairment that is sufficient to allow the SFA to understand how it restricts the child's diet,
- An explanation of what must be done to accommodate the child's disability, and
- The food or foods to be omitted and recommended alternatives, in the case of a modified meal.

Special diet/meal modification requests will be reviewed in the order they are received; please allow time for processing. The School Nutrition Program will attempt to establish a plan that meets your student's needs using the foods available. A new GCSS form and/or form verification may be required each school year, and as we continue to receive updated guidance from USDA on this topic, we may ask for additional information.

Please be aware, we are not a nut free facility, nor can we guarantee the absence of nuts or nut by-products in the cafeteria.

If you have questions please contact me via email at Emily.house@gcssk12.net

Sincerely,

A handwritten signature in cursive script that reads "Emily House".

Emily House, M.Ed.
Gainesville City School Nutrition Coordinator
Rev. 4/16/2019

If you need assistance with this form, contact Emily House at 770-536-5275 x 5152 or email at Emily.house@gcssk12.net.

**MEDICAL STATEMENT TO REQUEST ACCOMMODATIONS FOR DISABILITIES
IN THE SCHOOL MEAL PROGRAMS**

Please read guidance and instructions on page 2 before completing this form.

Part 1: To be completed by Parent/Guardian			
Child's Name	Age of Child	School Name	Grade/Classroom
Parent/Guardian Name (Please Print)			
	Phone Number		Email Address
Parent's Signature			Date
Part 2: Disabilities – Complete all sections applicable.			
Please provide a description of the child's physical or mental impairment and how it restricts the child's diet.			
Please explain how to accommodate the disability.			
List any dietary restrictions or special diet instructions for school meals.			
List food(s) to be omitted from diet: _____ _____ _____		List food(s) to be substituted: _____ _____ _____	
Designate texture modifications needed for all foods: <input type="checkbox"/> Pureed <input type="checkbox"/> Diced/finely ground <input type="checkbox"/> Chopped/cut into bite-sized pieces		Designate consistency for liquids: <input type="checkbox"/> Pudding thick <input type="checkbox"/> Nectar thick <input type="checkbox"/> Honey thick <input type="checkbox"/> Thin/normal consistency	
List any special equipment or utensils needed:			
Additional comments about the child's eating or feeding patterns:			
Signature Below (See Guidance and Instructions on page 2)			
Signature of State Licensed Healthcare Professional			Date
State Licensed Healthcare Professional's Name, Title & Phone Number (Please Print)			Date

GUIDANCE AND INSTRUCTIONS FOR THE MEDICAL STATEMENT TO REQUEST ACCOMMODATIONS FOR DISABILITIES IN THE SCHOOL MEAL PROGRAMS

The medical statement on page 1 must be completed and submitted to Gainesville City School Nutrition before any meal substitutions can be made. If changes are needed, the parent/guardian is required to submit a new form.

Guidance

Disability

Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act Amendments Act (ADAAA) of 2008, “a person with a disability” means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment. According to the ADAAA, most physical and mental impairments constitute a disability.

Major life activities include, but are not limited to, caring for one’s self, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentration, thinking, communicating, and working. Major life activities also include the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

U.S. Department of Agriculture (USDA) regulations require reasonable modifications to school meals to accommodate children with disabilities when the disability restricts the child’s diet. Modifications will be determined on a case-by-case basis.

State Licensed Healthcare Professional is a professional who is authorized to write medical prescriptions under State law. Please refer to the Medical Association of Georgia, **Georgia Prescribers Chart**: <http://www.mag.org/sites/default/files/downloads/georgia-prescribers-chart.pdf>. The decision to permit medical professionals other than licensed physicians to complete and sign a medical statement is at the discretion of the local school food authority.

Instructions

Part 1: To be completed by the parent/guardian for all special dietary requests.

Part 2: Please provide sufficient detail for the school food service to make appropriate accommodations. This section must be completed by a licensed healthcare professional when the modified meal does not meet the Program meal pattern requirements. The district Section 504 Coordinator, School Food Service Professional and/or other team member will work with you to manage the process of meal modifications.

Signature: Signature from a licensed healthcare professional may be required when the reasonable modification does not meet the Program meal pattern requirements.

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](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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: mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: program.intake@usda.gov.

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