

Food Allergy & Meal Accommodations Requests

SY 2023-2024

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 Division 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:

| | |
|------------------------------|--------------------------------|
| 12. Omit Foods Listed Below: | Substitute Foods Listed Below: |
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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.

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|---|------------------|------------------|----------|
| 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, 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/ad-3027.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:

- **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
- **fax:**
(833) 256-1665 or (202) 690-7442; or
- **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:

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

- 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
- 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