

Dear Parents and Guardians,

Does your child have an Allergy to a specific food or need modification to a regular diet such as finely chopped, etc.? School Nutrition Program 7CFR 210.10(m) requires schools to obtain a written statement from a State Licensed Medical Professional in order to make modifications to student meals. The diet statement should include a description of the child's physical or mental impairment that is sufficient to allow Los Lunas Schools Student Nutrition Department to understand how it restricts the child's diet. It should also include an explanation of what needs to be done to accommodate the disability. In the case of food allergies, this means identifying the food or foods to be omitted. Once completed submit the Special Diet Statement to your school cafeteria manager or email it to jgiron@lsschools.net.

Once a Special Diet Statement is received it does not have to be resubmitted or renewed until there is a change in your child's special diet needs. We can not make changes to the special diet based on a phone call or even a note from the parent. In order to remove an allergy or diet modification, a second Special Diet Statement must be completed by a State Licensed Medical Professional. It must state that the child is no longer allergic or no longer needs diet modification.

Diet modifications are strictly followed. For example, if the physician states that your child is allergic to dairy, then cafeteria staff cannot serve pizza, cheese, Yogurt, waffles or any other items that contain dairy to your child – even if you allow your child to consume such items at home. If your child does not have a severe allergy please consider this before submitting the Special Diet Statement.

Please note that juice cannot be substituted for milk. This is federal law. Soy milk is available on request.

Please contact Jamie Giron at jgiron@lsschools.net or (505) 866-4758.

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Participant Information

Participant's Name: Last/First/Middle Initial

Today's Date:

Name of School/Center/Site Attended:

Date of Birth:

Parent/Guardian Name:

Home Phone Number:

Work Phone Number:

