

**ONTEORA CENTRAL SCHOOL DISTRICT
BOICEVILLE, NY 12412**

Special Diet Prescription (please return to your child's school nurse)

PART 1 – TO BE COMPLETED BY PARENT/GARDIAN OR LOCAL AGENCY

Child's Name: _____ Birth Date: _____

School: _____

Parent/Guardian name: _____

Parent/Guardian contact number(s): _____

Parent/Guardian Address: _____

_____ I understand that it is my responsibility to **submit a new form annually or if medical changes occur.**

PART 2 – TO BE COMPLETED BY PROVIDER

Diagnosis/Disability:

_____ Food Allergy with risk of anaphylaxis. Please prescribe Epi-Pen for school use.

_____ Food intolerance (describe sensitivity): _____

Does the diagnosis/disability restrict the individual's diet: Yes _____ No _____

LIQUIDS TO OMIT

_____ Fluid Milk

LIQUIDS TO SUBSTITUTE

_____ Juice _____ Water

FOODS TO OMIT

FOODS TO SUBSTITUTE

I certify that the above-named child needs special meals prepared as described above because of the child's disability/diagnosis. Only a licensed provider may sign the special diet prescription.

Provider Name (please print): _____ Date: _____

Provider signature: _____

Medical Facility: _____ Phone: _____

Nondiscrimination Statement:

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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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:

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

This institution is an equal opportunity provider.