



Dear Parent or Guardian,

Trigg County Schools take all aspects of your child's safety as one of our most important responsibilities. School Meals are no exception. The Food Services Department participates in the National School Lunch Program (NSLP) and offers safe and wholesome meals for all students with no bias or discrimination. It is required by The Kentucky Department of Education Nutrition Services and the USDA require that all diet accommodations are reviewed annually. The attached form should be filled out by a licensed health care professional or a signed doctor's note to be returned to the school, or faxed to 270-522-4384, before the meal accommodations will be implemented while at school from the Food Service Department. Please complete this form even if your student has a note on file and received a meal accommodation in previous years to ensure all meal accommodations are documented correctly.

If your child will need a meal accommodation, parents/guardians will need to complete the form to help ensure the safety of their student(s). If your student(s) have an active 504 Plan, this form will become a part of the plan. If you would like information on 504 Plans, it is available from your school.

It is important that you notify the Food Service Director immediately if your child's needs change during the school year.

Only one student can be recorded per form.

The form is only used if your child will need a meal or snack accommodations while at school and from the food service department. Some instances are but not limited to; due to an allergy, celiac disease, gluten intolerance, lactose intolerance or another medical condition.

If you have any questions or concerns please contact Lisa Marsh, Food Service Director at lisa.marsh@trigg.kyschools.us, or (270)522-2228.

Lisa Marsh
Trigg County Schools Food Service Director



TRIGG COUNTY SCHOOLS MEAL ACCOMMODATIONS FORM

Parent/Guardian: You have requested a meal accommodation for your child that cannot be achieved within the federal meal pattern requirements for school meals. Therefore, in order to meet your child's needs, this form must be completed and returned to the school.

***** This form must be completed and signed by a licensed health professional.**

Date:

PART A: TO BE COMPLETED BY A PARENT/GUARDIAN.

Student Name: _____ Date of Birth: _____

School: _____ Grade Level: _____

PART B: TO BE COMPLETED BY A HEALTHCARE PROVIDER. (Medical Doctor-MS, Osteopath-OD, Advanced Registered Nurse Practitioner-ANP, or Physician Assistant-PA)

Diagnosis:

List any dietary restrictions or special diets:

List any allergies or food intolerances to avoid:

Recommended food alterations for allergies/intolerances listed above:

List foods that need the following change in texture. If all foods need to be prepared in this manner, indicate "ALL".

Cup up / chopped:

Finely ground:

Pureed:

Indicate any other comments about the child's eating, feeding patterns, or feeding techniques:

Parent/Guardian Name (Print): _____ Signature/Date: _____

Healthcare Provider Name (Print): _____ Signature/Date: _____

Healthcare Provider Office Address:

Healthcare Provider Office Number: _____ Healthcare Provider Fax Number: _____

Trigg County School Meal Accommodation Notes

NSLP Meal Pattern

1. Protein, represented by various meat sources as well as yogurt, cheese, eggs, and beans. Serving size varies by age group.
2. Grains, all grains are required to be whole grain rich and can be sliced bread, baked goods, rice, pasta, cereal, and cooked grains. Serving size varies by age group.
3. Fruit, represented using fresh, frozen and canned. Serving size varies by age group.
4. Vegetables, requirement include serving specific color groups. Serving size varies by age group.
5. 8oz Fluid low fat or fat free milk.

Request for Meal Accommodation Form Use for accommodations that can be met within the NSLP meal pattern requirements.

Examples of use are:

1. Single item food allergy, simple substitution: Food Service Department can reasonably substitute another item (already on hand and from the same food group) in place of the allergen item.
 - a. Strawberry Allergy: ½ cup grapes substituted for ½ cup strawberries.
 - b. Egg Allergy: breakfast sausage substituted for scrambled eggs.
2. Single item food allergy, purchased substitution: Food Service Department does not have a substitute on hand. An appropriated substitute will be identified and purchased. Food Service Department will substitute the purchased item (from the same food group) in place of the allergen item.
 - a. Fluid milk allergy: 8 oz. lactose free milk substituted for 8 oz. traditional fluid milk or 8 oz. NSLP dairy alternative substituted for 8 oz. traditional fluid milk.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- 1) Mail: US Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 2025250-9410
- 2) Fax: (202) 690-7442
- 3) Email: program.intake@usda.gov