



Jeremy H. Williams, Ed.D.  
Superintendent

# 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 form titled "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 Federal Child Nutrition Program meal pattern. If a student's disability requires the program to make meal modifications outside the meal pattern, these are allowable, provided the request is supported by a medical statement signed by a State licensed healthcare professional. All other modification requests will be evaluated to determine if they can be accommodated within our meal pattern.

### **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 within our meal pattern 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 School Food Authority to understand how it restricts the child's diet,
- An explanation of what must be done to accommodate the child's disability, and
- The specific 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, as we continue to receive updated guidance from USDA. Please review parent/guardian contact information for accuracy.

Note, 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](mailto:Emily.house@gcssk12.net)

Sincerely,

Emily House, M.Ed.  
Gainesville City School Nutrition Coordinator  
Rev. 1/19/24

**STATEMENT TO REQUEST ACCOMMODATIONS FOR SPECIAL DIETARY NEEDS  
IN THE SCHOOL MEAL PROGRAMS**

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

<b>Part 1: To be completed by Parent/Guardian</b>			
Child's Name	Age of Child	School Name	Grade/Classroom
Parent/Guardian Name (Please Print)	Phone Number	Email Address	
Parent's Signature			Date
<b>Part 2: Disabilities – Complete all sections applicable.</b>			
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:			
<b>Signature Below (See Guidance and Instructions on page 2). Required for accommodations outside the meal pattern.</b>			
Signature of State Licensed Healthcare Professional			Date
State Licensed Healthcare Professional's Name, Title & Phone Number (Please Print)			Date

## **GUIDANCE AND INSTRUCTIONS TO REQUEST ACCOMMODATIONS FOR SPECIAL DIETARY NEEDS 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.

Accommodations for special dietary requests that can be made within the Program meal pattern requirements do not require a medical statement. The School Food Authority may require a medical statement signed by a State licensed healthcare professional be submitted to accommodate the request.

**State Licensed Healthcare Professional** is a professional who is authorized to write medical prescriptions under State law, and may include a physician, nurse practitioner, or a physician's assistant. Please refer to the Medical Association of Georgia, **Georgia Prescribers Chart**: <http://www.mag.org/sites/default/files/downloads/georgia-prescribers-chart.pdf>.

### **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 and signed by a State 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 State licensed healthcare professional is 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, 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](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.