NORWICH FREE
ACADEMY

STUDENT ALLERGY PROCESS

For meal modifications to be accommodated a signed medical statement needs to be on file, signed by a physician (MD), physician assistant, (PA or PAC) doctor of osteopathy (DO), advanced practice registered nurse (APRN), or registered dietician (RD or RDN).

All students and/or their parents are asked to bring forms listing food allergies to the Medical Center. Medical Center Staff then upload the information to their information center called SNAP Health Center.

SNAP syncs to the school's main student information portal in PowerSchool. There is a food allergy icon that will accompany student profiles in PowerSchool.

PowerSchool and the school's POS system called Nutrikids sync nightly. There will also be a note on their ID number when they use the POS system to buy lunch. Staff are asked to advise if they see a meal that may trigger an allergic response.

The Medical Center also gives lists to the School Nutrition Director on a quarterly basis, he reviews the lists against Nutrikids and flags any difference so the system can be updated and corrected.

Medical Statement for Meal Modifications in the School Nutrition Programs

Use this form to request a meal modification for children participating in any of the U.S. Department of Agriculture's (USDA) school nutrition programs, including the National School Lunch Program (NSLP), School Breakfast Program (SBP), Afterschool Snack Program (ASP), Seamless Summer Option (SSO) of the NSLP, Special Milk Program (SMP), Fresh Fruit and Vegetable Program (FFVP), and Child and Adult Care Food Program (CACFP) At-risk Supper Program implemented in schools. For instructions, refer to the Connecticut State Department of Education's (CSDE) *Instructions for the Medical Statement for Meal Modifications in School Nutrition Programs*.

Section A: Completed by Parent or Guardian

Name of child: Birth date:

Name of parent or guardian:

Phone number (with area code): Email address:

Address: City: State: Zip:

In accordance with the provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and the Family Educational Rights and Privacy Act (FERPA), I hereby authorize my child's state licensed healthcare professional or registered dietitian listed below to release such protected health information of my child as is necessary for the specific purpose of special diet information to the school district listed below and to freely exchange the information listed on this form and in my child's records with the school district as necessary. I understand that I may refuse to sign this authorization without impact on the eligibility of my request for a meal modification for my child. I understand that I may rescind permission to release this information at any time, except when the information has already been released.

Name of child's state licensed healthcare professional or registered dietitian:

Name of school district:

Signature of parent or guardian: Date:

Section B: Completed by State Licensed Healthcare Professional or Registered Dietitian

This section must be completed by the child's physician (MD), physician assistant (PA or PAC), doctor of osteopathy (DO), advanced practice registered nurse (APRN), or registered dietitian (RD or RDN)

1. **Physical or mental impairment:** Does the child have a physical or mental impairment that restricts the child's diet?

   ☐ **No** ☐ **Yes:** Describe how the child's physical or mental impairment restricts the child's diet.

2. **Diet plan:** Explain the meal modification for the child. Attach a specific diet plan, if needed.

3. **Food omissions and substitutions:** List foods to be omitted from the child's diet and foods to be substituted.

4. **Food texture:** List foods that require a change in texture and describe below. Indicate if all foods should be prepared in this manner.

   ☐ Cut up or chopped into bite-size pieces ☐ Finely ground ☐ Pureed

   Equipment: List any special equipment or utensils needed.

5. **Additional information:** Indicate any other information about the child's eating or feeding patterns that will assist in providing the requested meal modification.

Signature and Office Stamp of State Licensed Healthcare Professional or Registered Dietitian

Name: Office stamp:

Signature:

Phone number (with area code):

Date:

Medical Statement for Meal Modifications in the School Nutrition Programs

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:

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

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