

FOOD ALLERGIES

Menu modifications are made for students with food intolerances. Please have your doctor fill out the Special Diet Request Form when substitutions or alteration to the menu are required to meet your child (s) health condition. We encourage parents/guardians to update this form each year due to changes in dietary needs.

Cafeteria managers must follow the most recent form on file from doctor.

Individuals with severe food allergies or strict diets should confirm the ingredient and nutrient information on the actual product label. The cafeteria manager can assist with this information.

Special dietary request must be supported by a medical statement, signed by a recognized medical authority.

It is very important that the appropriate personnel are notified and the proper medical statement is completed to address any request.

The food service director or the cafeteria manager will notify parents and guardians of the process for requesting meal modifications to accommodate a child's disability, and arrange for an impartial hearing process to resolve grievances related to requests for modifications based on a disability. The food service director and cafeteria manager will provide a revised menu to the school nurse and parents, and guardians each month. For additional information as needed. For example, if the substitutions needed for accommodations fall outside of the USDA meal pattern, the form must be signed by state-licensed healthcare professional with prescriptive authority or a registered dietitian.

(see forms below)

Guidance for Completing the Medical Statement for Students with Unique Mealtime Needs for School Meals

PART A - PARENT/GUARDIAN

The *Medical Statement for Students with Unique Mealtime Needs for School Meals* helps schools provide meal modifications for students who require them. Schools cannot change food textures, make food substitutions, or alter a student's diet at school without proper documentation from the healthcare providers. Completion of all items will allow your child's school to create a plan with you for providing safe, appropriate meals and snacks to your child while at school.

Your participation in this process is very important. The sooner you provide this signed and completed form to your child's school, the sooner the School Nutrition Program and their staff can prepare the food your child needs. Your signature is required for your school to take action on the Medical Statement.

Follow these steps to get started:

- 1) Complete all sections of PART A of the Medical Statement.
- 2) Take the Medical Statement to your child's pediatrician or family doctor/nurse practitioner/physician's assistant and have him/her complete PART B.
- 3) RETURN THE FULLY COMPLETED MEDICAL STATEMENT WITH SIGNATURES FROM BOTH PARENT/GUARDIAN AND MEDICAL AUTHORITY, TO YOUR CHILD'S TEACHER, PRINCIPAL, NURSE, SPECIAL EDUCATION CASE MANAGER, OR SECTION 504 CASE MANAGER, SCHOOL NUTRITION ADMINISTRATOR, OR THE SCHOOL STAFF PERSON WHO GAVE YOU THE BLANK FORM.
- 4) Ask the school when a team, including you, the school system's School Nutrition Administrator and others, will meet to consider the information provided on the form. You may also invite people from the community who are knowledgeable about your child's feeding and nutrition issues to the meeting. These would be people who could help school staff design a school mealtime plan for your child, like your child's pediatrician, nurse, speech-language pathologist, occupational therapist, registered dietitian or personal care aide.

PART B – RECOGNIZED MEDICAL AUTHORITIES *(Licensed physician, physician assistant, and nurse practitioner)*

A Recognized Medical Authority's signature is *required* for students with a disability. Schools cannot change food textures, make food substitutions, or alter a student's diet at school without proper documentation from the healthcare providers. Meal modifications are implemented based on medical assessment and treatment planning and *must be ordered by a recognized medical authority*.

Please consider the following as you complete PART B of the Medical Statement:

- 1) Complete all sections of PART B. Completion of all items will streamline efficient care of the student at school.
- 2) Be as specific as possible about the nature of the student's physical or mental impairment, its impact on the student's diet and major life activities that are affected. In the case of food allergy, please indicate if the student's condition is a food intolerance, an allergy that would affect performance and participation at school (e.g., severe rash, swelling, and discomfort), or a life-threatening allergy (e.g., anaphylactic shock).
- 3) If your assessment of the child does not yield sufficient data to make a determination about food substitutions, consistency modifications, or other dietary restrictions, please refer the child/family to the appropriate health care professional for completion of the assessment. Schools do not routinely have instrumentation and/or staff trained for a comprehensive nutrition and feeding assessment and must partner with community providers to meet a student's unique feeding and nutrition needs.
- 4) Attach any previous and/or existing feeding/nutrition evaluations, care plans, or other pertinent documentation housed in the student's medical records to the Medical Statement for parent/guardian delivery to the school.
- 5) Consider being available to consult with the student's mealtime planning team as it implements the feeding/nutrition care plan.

PART C – SCHOOL NUTRITION ADMINISTRATOR and IEP/504 REPRESENTATIVE

Please consider the following as you complete PART C of the Medical Statement:

Signature of the School Nutrition Administrator and 504 Coordinator or IEP Case Manager/EC Program representative indicates the medical statement has been received, reviewed, and a plan to address the student's unique mealtime needs is being developed/implemented.

USDA Nondiscrimination Statement	In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.
	Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.
	To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.aser.usda.gov/complaint_filing_cust.html , and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:
	<p>(1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;</p> <p>(2) fax: (202) 690-7442; or</p> <p>(3) email: program.intake@usda.gov.</p>
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Medical Statement for Students with Unique Mealtime Needs for School Meals

When completed fully, this form gives schools the information required by the U.S. Department of Agriculture (USDA), U.S. Office for Civil Rights (OCR), and U.S. Office of Special Education and Rehabilitative Services (OSERS) for meal modifications at school. See "Guidance for Completing Medical Statement for Students with Unique Mealtime Needs for School Meals" (previous page) for help in completing this form.

PART A (To be completed by PARENT/GUARDIAN)				
STUDENT INFORMATION	Last Name:	First Name:	Middle Name:	Date of Birth
	School:		Grade	Student ID#
SELECT the school-provided meals and/or snacks in which this student will participate:	<input type="checkbox"/> School Breakfast Program <input type="checkbox"/> National School Lunch Program <input type="checkbox"/> Afterschool Snack Program <input type="checkbox"/> Afterschool Supper Program <input type="checkbox"/> Fresh Fruit & Vegetable Program			
PARENT/GUARDIAN CONTACT INFORMATION	Printed Name of PARENT/GUARDIAN:			
	Mailing Address:		City:	State: Zip Code:
	Work Phone:	Home Phone:	Mobile Phone:	Email:
Please describe the concerns you have about your student's nutritional needs at school:				
Please describe the concerns you have about your student's ability to safely participate in mealtime at school?				
Does the student already have an Individualized Education Program (IEP)? <input type="checkbox"/> YES <input type="checkbox"/> NO			<i>NOTE: Unique mealtime needs for students without an IEP, 504 or disability, but with general health concerns, are addressed within the meal pattern at the discretion of the School Nutrition Administrator and policies of the school district.</i>	
Does the student already have a 504 Plan? <input type="checkbox"/> YES <input type="checkbox"/> NO				
PARENT/GUARDIAN Consent	I agree to allow my child's health care provider and school personnel to communicate as needed regarding the information on this form.			
	Parent/Guardian Signature		Date	
Please return this fully completed Medical Statement with signatures from both parent/guardian and medical authority, to your child's teacher, principal, nurse, Special Education case manager, or Section 504 case manager, School Nutrition Administrator, or the school staff person who gave you the blank form.				

STUDENT NAME:

STUDENT ID#:

PART B (To be completed by a **RECOGNIZED MEDICAL AUTHORITY**, i.e., Licensed physicians, physician assistants, and nurse practitioners)

Describe the student's physical or mental impairment:	Explain how the impairment restricts the student's diet:
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Major life activities affected: <i>Select all that apply.</i>	<input type="checkbox"/> Walking <input type="checkbox"/> Seeing <input type="checkbox"/> Hearing <input type="checkbox"/> Speaking <input type="checkbox"/> Performing manual tasks <input type="checkbox"/> Learning <input type="checkbox"/> Breathing <input type="checkbox"/> Self-Care <input type="checkbox"/> Eating/Digestion	<input type="checkbox"/> Other (please specify):
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Is this a Food Allergy? <input type="checkbox"/> YES <input type="checkbox"/> NO	If student has life threatening allergies* check appropriate box(es): *Students with life threatening food allergies must have an emergency action plan in place at school. <input type="checkbox"/> Ingestion <input type="checkbox"/> Contact <input type="checkbox"/> Inhalation
Is this a Food Intolerance? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Specify any dietary restrictions or special diet instructions for accommodating this student in school meals:

For any special diet, list specific foods to be omitted and the recommended substitutions. <i>(You may attach a separate care plan)</i>	Foods to be Omitted	➔	Recommended Substitutions	Foods to be Omitted	➔	Recommended Substitutions

Designate safest consistency requirement for FOOD : <input type="checkbox"/> Pureed <input type="checkbox"/> Mechanical Soft <input type="checkbox"/> Other (please specify): <input type="checkbox"/> Ground <input type="checkbox"/> Chopped	Designate safest consistency requirement for LIQUIDS : <input type="checkbox"/> Clear Liquid <input type="checkbox"/> Nectar-thick <input type="checkbox"/> Other (please specify): <input type="checkbox"/> Full Liquid <input type="checkbox"/> Honey-thick <input type="checkbox"/> Pudding-thick
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Other comments about the child's eating or feeding patterns, including tube feeding if applicable:	*NOTE* If your assessment of the child does not yield sufficient data to fully complete the above sections applicable to the student's mealtime needs, please refer the child/family to the appropriate health care professional for completion of the assessment.
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Signature of Recognized Medical Authority*	Printed Name	Phone Number ()	Date
* A recognized medical authority in N.C. includes licensed physicians, physician assistants and nurse practitioners.			

PART C (To be completed by SCHOOL DISTRICT ADMINISTRATORS)	NOTES: (School Nutrition or other School Program staff)
School Nutrition Administrator's Signature: _____ Date: _____	
IEP/504 Coordinator Signature: _____ Date: _____	

Standard Operating Procedures for Accommodation for Special Dietary Needs

Purpose: To ensure that students with special dietary needs receive appropriate meal accommodation in compliance with USDA regulations. This SOP outlines the process for requesting, reviewing, and implementing dietary modifications to support students with disabilities and medical conditions.

Requesting an Accommodation for Special Dietary Needs Procedure and Process

Pulaski County Board of Education adheres to specific United States Department of Agriculture (USDA) guidelines in providing special dietary accommodations for students. A "reasonable modification" is a change or alteration in practices or procedures to accommodate a disability that ensures that all students have equal opportunity to participate in or benefit from the program.

In accordance with the criteria outlined in 7 CFR Part 15b, those students who are unable to eat the school meal as is due to a disability, medical need, and/or impairment are accommodated at no additional charge.

Meal modifications must be related to the disability or limitations caused by the disability. The USDA regulations for school nutrition programs do not require meal modifications for children whose special dietary needs do not constitute a disability, including those related to religious or moral convictions, general health concerns, and personal food preferences.

Per Section 504 of the Rehabilitation Act of 1973, parents/ guardians have a right to an evaluation of their student if the district has reason to believe that the student has a mental and/or physical impairment that substantially limits a major life activity, which can involve eating/digestion. Students have the right to this evaluation before any plan for accommodation.

Parents/guardians should ensure that they contact the school if they feel as though an evaluation would be appropriate.

Parents/guardians should complete the necessary information on the medical statement form to request an accommodation for their student.

The food service director or the cafeteria manager will notify parents and guardians of the process for requesting meal modifications to accommodate a child's disability, and arrange for an impartial hearing process to resolve grievances related to requests for modifications based on a disability. The food service director and cafeteria manager will provide a revised menu to the school nurse and parents, and guardians each month. For additional information as needed. For example, if the substitutions needed for accommodations fall outside of the USDA meal pattern, the form must be signed by state state-licensed healthcare professional with prescriptive authority or a registered dietitian.

Procedural Safeguards

If the household feels that reasonable accommodations are not being met, they have the right to contact the school's 504 Coordinator and:

- File a grievance if they believe a violation has occurred regarding the request for a reasonable modification;
- Receive a prompt and equitable resolution of the grievance;

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Standard Operating Procedures for Accommodation for Special Dietary Needs

- Request and participate in an impartial hearing to resolve their grievances;
- Be represented by counsel at the hearing;
- Examine the record; and
- Receive notice of the final decision and a procedure for review, i.e., right to appeal the hearing's decision.

Requesting Special Dietary Accommodations:

The safety of your child comes first. If you have a child with a disability, medical need, or impairment.

- Medical Statement form that is signed by a medical authority with prescriptive authority, such as a Physician (MD OR DO), Nurse Practitioner, Physician Assistant, or Dietitian.
- The cafeteria manager and district supervisor will review the forms for completeness. If additional information is required, the cafeteria manager will contact the parents and guardians.
- The manager will coordinate with the school nurse. The school nurse will assist in reviewing medical documentation and ensuring the dietary needs align with the student's overall health plan.
- Once approved, the cafeteria manager will modify the student's meal plan according to the documentation needs.
- Cafeteria manager will train the kitchen staff on necessary modifications and food handling to prevent cross-contamination.
- The nurse will communicate any changes in a student's medical condition to the cafeteria manager.

Training and Implementation:

- All food service employees will receive training on allergy management and cross-contact prevention.
- Food service employee will be briefed on specific student dietary needs as required.
- Staff will follow emergency response procedures in case of allergic reaction or medical emergency.

Review and Compliance:

- The Food Nutrition Service and Cafeteria School Manager will maintain documentation of all dietary accommodation requests.
- Requests must be updated annually or when a student's dietary needs change.
- Compliance with USDA regulations will be regularly reviewed to ensure the district meets all requirements.

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Standard Operating Procedures for Accommodation for Special Dietary Needs

Parents and guardians must complete the Medical Statement form, available on our website www.pulaski.net under the food service department. Submit your request for accommodation by completing this form and submitting it to: Mercedes.rutheford@pulaski.kyschools.us or charita.roberts@pulaski.kyschools.us, or at the school where your child is attending.

Contact Information:

- For questions or assistance with special dietary accommodations.
- Contact: Food Service Department at 606-679-1123

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USDA 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 the USDA Program Discrimination Complain Form (AD-3027) found online at How to file a Complaint, 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:

Submit your completed form or letter 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;

(2) fax: (833) 256-1665 or (202) 690-7442; or

(3) email: program.intake@usda.gov.

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