

## FOOD ALLERGY NOTIFICATION

If you need assistance with this form, contact the school nurse at your child's school OR Thomasville City Director of School Nutrition at 229-225-2666 x 1007.

### MEDICAL STATEMENT TO REQUEST ACCOMMODATIONS IN THE SCHOOL MEAL PROGRAMS DUE TO ALLERGIES SUPPORTED BY MEDICAL STATEMENT

Return to School Nurse when completed. School Nurse will send a copy to School Nutrition.

**\*This notice will remain in student file. Adjustments to meal components must be supported by a medical statement if future changes are required.\***

<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: Food Allergy</b>			
Please provide a description of the child's FOOD allergy and how it restricts the child's diet.			
Please explain how to accommodate the required diet.			
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</b>			
Signature of State Licensed Healthcare Professional			Date
State Licensed Healthcare Professional's Name, Title & Phone Number (Please Print)			Date

## GUIDANCE AND INSTRUCTIONS FOR MEDICAL STATEMENT TO REQUEST ACCOMMODATIONS IN THE SCHOOL MEAL PROGRAMS DUE TO ALLERGIES SUPPORTED BY MEDICAL STATEMENT

The medical statement on page 1 must be completed and submitted to the school nurse and Thomasville City School Nutrition before any meal substitutions can be made. After this original form is submitted, when changes are needed, the parent/guardian is required to submit a new form.

### 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 by a 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 licensed healthcare professional may be required when the reasonable modification does not meet the Program meal pattern requirements.

### 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.

**State Licensed Healthcare Professional** is a professional who is authorized to write medical prescriptions under State law. Please refer to the Medical Association of Georgia, **Georgia Prescribers Chart:** <http://www.mag.org/sites/default/files/downloads/georgia-prescribers-chart.pdf>. The decision to permit medical professionals other than licensed physicians to complete and sign a medical statement is at the discretion of the local school food authority.

#### **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.

Programs 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, audiotope, American Sign Language, etc.), 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: <http://www.usda.gov/sites/default/files/documents/USDA/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA 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;

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.

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