

Accommodations Specific to Severe Allergies Classified As a Medical Disability

When a student has a severe allergy that is classified as a medical disability, the CE has the responsibility to provide a safe, non-allergic meal to the student.⁹ To do so, CE must make sure that all food items offered to the student meet prescribed guidelines included in the medical statement and are free of foods or ingredients associated with the allergic reaction. While there is no best method for doing this, the resources described in *Information Box 1, Strategies to Prevent Allergic Reactions* will assist the CE in this process.

Information Box 1

Strategies to Prevent Allergic Reactions

- Include the method staff will use in response to life-threatening food allergy reactions in the school's emergency plan, including quick access to epinephrine auto-injectors.
- Establish a communication system to be used when responding to food allergy reactions and emergencies.
- Communicate the school's responsibilities, expectations, and practices for managing food allergies to all parents or guardians through newsletters, student handbook, announcements, and other methods.
- Establish food allergy policies and practices that apply to field trips, extracurricular activities, sale of competitive foods, fundraiser events, athletic events, class parties, or after-school programs.
- Develop staff training specific to how to respond to severe allergic reactions.

Additional Meals

The CE must provide special meals even when the CE normally does not provide meal service if the student's individualized education program (IEP) includes a nutrition component that states that additional meal service is required. The additional meal service must be provided at no additional cost to the student. In these cases, the CE must ensure that the SNP is involved early in decisions regarding special meals and modifications.

All meal service recommendations and meal accommodations included in the IEP must be provided to the SNP in writing to minimize misunderstandings. This documentation must be retained by the CE.

These accommodations are provided to the student at no cost and are allowable costs to the program.

For Example: As part of the therapy for a student with a disability, the medical practitioner has provided a medical statement that the student must consume six cans of cranberry juice a day. The juice is to be served at regular intervals and some of these servings would occur outside of the normal school meal periods. If this requirement is not written in the IEP, the SNP would only be required to pay for the servings that are provided during meal service. The SNP may cover the cost of the additional servings, but is not required to do so. However, if the

⁹ There are food allergies that do not affect a major life activity. If this is the case, the allergy is not a medical disability. For an allergic reaction to be a medical disability, a medical statement describing the medical disability must be provided by the parent or guardian.

Information on Accommodations to School Meals for Students with a Medical Disability

The National School Lunch Program (NSLP) and School Breakfast Program (SBP) must provide reasonable accommodations for students with medical disabilities.

The Code of Federal Regulations (7 CFR, Part 15b) defines a person with a disability as (1) having a physical or mental impairment that substantially limits one or more major life activities and (2) having a record or is regarded as having a physical or mental impairment.

Schools may also provide accommodations for special medical or dietary needs that restrict a student's diet but are not considered a medical disability.

For an NSLP or SBP site to provide a meal accommodation for a student with a medical disability, the parent or guardian must provide a medical statement signed by medical authority who is licensed by the State to write prescriptions. For this purpose, State is defined as the State of Texas. Any medical authority whose prescription is allowed to be filled by a pharmacy located in Texas under Texas law and regulation may provide a medical statement for a meal accommodation.

The medical statement must include the following information in order for the CE to make the meal accommodation:

1. Statement explaining the student's medical disability which includes a description that is sufficient to allow the school to understand how this condition restricts the student's diet
2. Description of the accommodation to be made: food items or ingredients to be omitted, food items ingredients to be substituted, modified food texture, and/or other accommodation

If the medical statement requires substitutions, the medical statement should include a list of food or beverage items that are appropriate substitutions. Also note, a school is not required to provide a name brand product if another product with the same specifications is available.

If the licensed medical authority does not provide a medical statement that includes the information listed above, the school cannot make a meal accommodation.

When a school believes the medical statement is unclear or lacks sufficient detail, the school must request appropriate clarification so that a proper and safe meal can be provided. When clarification is provided, any changes to the medical statement must be provided in writing before the school implements the changes.

Medical Statement Sample Form

(To Provide Information for a School to Make an Appropriate Meal Accommodation)

This form may be (1) used by a licensed medical authority to provide a medical statement for a student's medical disability or a special dietary need that warrants a meal accommodation or (2) used to assist a licensed medical authority in creating the medical statement necessary for a meal accommodation. If this form is used as a medical statement, the form must be completed by the medical authority and signed by both the parent and the medical authority. The reverse side of this form provides additional information on the regulations related to school meal accommodations.

I. Provide the following information about the student.

Student Name:

Date:

Student Birthdate:

Student's Grade Level:

Does the student have a medical disability which affects one of the major life functions which necessitates a meal accommodation?

☐ Yes ☐ No

Does the student have a special dietary need that will be helped by a meal accommodation?

☐ Yes ☐ No

II. How does this medical disability or special dietary need impact the student's diet?

III. What meal accommodation(s) are appropriate to address the student's medical disability or special dietary needs? Please check the box before applicable meal accommodations and provide a detailed explanation for each checked accommodation in the box beside the description.

☐ Food items or ingredients not to be served

☐ Suggested substitutions for food items not served

☐ Specific information on portion sizes for food items

☐ Specific description of texture modifications for specific food types or items

☐ Special utensils

☐ Other

IV. Provide the following signatures.

Parent Signature

Date

Medical Authority Signature