

## FOOD ALLERGY and DISABILITY ALERT FORM

CRISP COUNTY SCHOOLS, SCHOOL NUTRITION  
 Lisa Leggett Director

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### DEFINING A DISABILITY, ALLERGY or INTOLERANCE

The child listed on this form is a participant in one of the United States Department of Agriculture (USDA) school nutrition programs.

- USDA regulations 7CFR Part 15B require substitutions or modifications in school nutrition program meals for children whose **disability** restricts their diet and is supported by a statement signed by a **licensed physician**. Food allergies which result in a severe, life-threatening (anaphylactic) reaction may meet the definition of "disability."
- Physician shall determine allergy by testing or reading allergy current test results. Allergy form will be requested each year for students with severe allergies.
- The school food authority may choose to accommodate a student with a **non-disabling special dietary need** that is supported by a statement signed by a **recognized medical authority** (physician, physician assistant or nurse practitioner). The school food authority may choose to make a milk substitution available for students with a **non-disabling special dietary need**, such as milk intolerance or for cultural or religious beliefs. If the school food authority makes these substitutions available, the milk substitute must meet nutrient standards identified in regulations.

Please return this completed form **ONLY IF YOU ANSWER YES THAT THERE IS AN ALLERGY, DISABILITY or CARBOHYDRATE LIMIT.**

**THIS FORM MUST BE SIGNED BY THE DOCTOR THAT IS TREATING THE ALLERGY OR DISABILITY. Turn in when registering at your child's school**

**FOOD ALLERGIES-** Circle all that applies and explain symptoms

FOOD	SEVERITY(Circle one if there was a <u>yes</u> to any of the questions below.	TYPES TO AVOID	CAN STUDENT BE IN THE SAME AREA or ROOM as FOOD?	Medicine at School and w/TYPE/OCATION	Symptoms(ex. Anaphylactic Shock, hives, welts, fever, diarrhea, fever, vomiting etc)
<u>FISH</u> YES/NO	MILD/ MODERATE/ SEVERE	FISH ONLY / SHELLFISH/ ALL	YES / NO	YES / NO	
<u>GLUTEN</u> YES/NO	MILD/ MODERATE/ SEVERE	ALL	YES / NO	YES / NO	
<u>ALL DAIRY</u> YES/NO	MILD/ MODERATE/ SEVERE	CHEESE/YOGURT /BAKED FOODS	YES / NO	YES / NO	
<u>FLUID MILK ONLY</u> YES/NO	MILD/ MODERATE/ SEVERE	ONLY FLUID MILK/	YES / NO	YES / NO	
<u>PEANUTS/NUTS</u> YES/NO	MILD/ MODERATE/ SEVERE	ALL	YES / NO	YES / NO	
<u>SOY</u> YES/NO	MILD/ MODERATE/ SEVERE	ALL	YES / NO	YES / NO	
<u>WHEAT</u> YES/NO	MILD/ MODERATE/ SEVERE	ALL	YES / NO	YES / NO	
<u>EGGS</u> YES/NO	MILD/ MODERATE/ SEVERE	ALL	YES / NO	YES / NO	
<u>OTHER-</u> _____	MILD/ MODERATE/ SEVERE		YES / NO	YES / NO	

Student's Name \_\_\_\_\_ School \_\_\_\_\_

Grade Level \_\_\_\_\_ Classroom Teacher \_\_\_\_\_

DISABILITIES? SEE STATEMENT AT THE TOP OF THE PAGE FOR A DISABILITY Yes / No

If Yes, describe the major life activities affected by the disability. (CHEWING, PUREED

FOODS, DIABETIC DIET) \_\_\_\_\_

DIABETES CARBOHYDRATE LIMIT/ PER MEAL(for Diabetes) \_\_\_\_\_ (MG)

\_\_\_\_\_  
 PARENT NAME PRINTED      Signature      Parent Phone Number

\_\_\_\_\_  
 Doctor signature      DATE      Doctor name(PRINTED)      DOCTOR Phone #

### **USDA Nondiscrimination Statement**

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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.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.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:

(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: (202) 690-7442; or

(3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).