

### Special Dietary Modification Request Procedures:

1. The first step is to print the medical statement form “**Meal Accommodation Request**” found on the Palmer ISD Child Nutrition website: <https://www.palmer-isd.org/ChildNutrition> under “*Special Dietary Needs*”
  - A printed copy of this form may also be obtained from the School Cafeteria Manager.
2. Parent/Guardian must return the completed and signed form back to the Child Nutrition Director. Incomplete and unsigned forms will not be accepted. It is a requirement to obtain all necessary information for the school to make any meal accommodations.
3. The CN director will evaluate the request for appropriate meal accommodations. Should there be any questions/adjustments needed with meal accommodations, the CN director or nurse will email or phone the parent/guardian using the contact information provided on the student account.
4. Special dietary modification requests will be processed in order of a first come basis.
5. If necessary, Parents/Guardians are encouraged to temporarily provide the student with meals from home while the special dietary modification request is being processed for food accommodation and equipment needs.
6. The school cafeteria supervisor will receive notification from the CN director on the final plan for meal accommodations and equipment needs.

### Medical Statement for Children with Disabilities

A child with a disability must be provided reasonable substitutions in foods when that need is supported by a statement signed by a licensed physician, physician’s assistant or nurse practitioner. The physician’s statement must identify:

- The child’s disability
- An explanation of why the disability restricts the child’s diet
- The major life activity affected by the disability
- The food(s) to be omitted from the child’s diet, texture modifications and the food or choice of foods that is being requested as a substitution.

### Menu Modifications for Children Without Disabilities

The school food authority will decide these situations on a case-by-case basis. This provision covers those students who have food intolerances or allergies that do not affect a major life activity.

- Palmer ISD will not make meal accommodations for food or lifestyle preferences. A variety of food options are offered daily for students to choose their preferred food items.
- Students are not required to take milk with the exception of Pre-K. There is also a choice of water daily. Palmer ISD will provide a fluid milk substitution if a special dietary modification request has been submitted or the Fluid Milk Substitution Request has been filed.

### Food Allergen Management

The Food Allergen Labeling and Consumer Protection Act (FALCPA), was passed by the US Congress in 2004, identified eight major food allergens that are responsible for 90% or more of serious adverse food-induced reactions in the U.S. Under FALCPA, products must clearly list food allergens on the label.

The FDA exempts highly refined food oils such as soy, corn, fish, peanut and sesame from the food label where virtually all of the food protein that causes the allergic reaction is removed in processing. As a precaution and chance that peanut oil can be contaminated with peanut protein during manufacturing, Palmer ISD will continue to consider peanut oil as a protein allergy. Generally recognized as safe for individuals with food allergies are soy lecithin, highly refined corn oil, corn syrup, high fructose corn syrup, corn syrup solids and maltodextrin as these do not contain the proteins that trigger allergens; thus, these components will be allowed on soy and corn allergen diets.

When a food allergen, that is not one of the eight major food allergens, (dairy, egg, wheat, peanut, tree nut, fish, shellfish, soy) is listed on the food item ingredient list as 2% or less, this food is considered safe to consume and will be allowed. (for example: Garlic is listed as 2% or less on the ingredient list, thus garlic is not listed as an allergen for that food)

# PALMER INDEPENDENT SCHOOL DISTRICT - MEAL ACCOMMODATION REQUEST

Please complete all necessary information. We cannot accommodate incomplete requests.

We do not make accommodations for food or lifestyle preferences.

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Student ID#: \_\_\_\_\_

## Section A. (to be completed by authorized medical authority)

Student has a **disability** which limits one or more major life activities or **allergies that are life threatening/anaphylactic**:

☐ **Yes, continue with this section** ☐ **No, refer to Section B.**

**List disability/medical condition (required):**

### ☐ **Dairy Allergy:**

☐ No fluid dairy ☐ No yogurt ☐ No cheese

☐ Avoid all dairy products even in baked goods

☐ **Milk Allergy:** (soy milk offered in place of dairy milk)

### ☐ **Egg Allergy:**

☐ No whole eggs ☐ No eggs even in baked goods

☐ **No Wheat** ☐ **No Peanuts** ☐ **No Tree Nuts**

☐ **No fish** ☐ **No shellfish** ☐ **No Soy**

☐ **Other (please list):**

(attach additional information if necessary)

### ☐ **Texture Modification:**

Please give detailed description of proper texture/consistency required. List any special equipment or utensils that may be needed. Attach a separate sheet if necessary.

## Section B. (to be completed by authorized medical authority)

### **Food Allergy/Intolerance (NOT LIFE THREATENING)**

Student without a disability but is requesting special dietary accommodation

☐ **Allergy** ☐ **Intolerance**

**Student's allergy/intolerance to the food(s) below:**

**Does NOT result in a life-threatening/anaphylactic reaction.**

### ☐ **Dairy Allergy:**

☐ No fluid dairy ☐ No yogurt ☐ No cheese

☐ Avoid all dairy products even in baked goods

☐ **Milk Allergy:** (soy milk offered in place of dairy milk)

### ☐ **Egg Allergy:**

☐ No whole eggs ☐ No eggs even in baked goods

☐ **No Wheat** ☐ **No Peanuts** ☐ **No Tree Nuts**

☐ **No fish** ☐ **No shellfish** ☐ **No Soy**

☐ **Other (please list):**

(attach additional information if necessary)

### **\*Safe food substitutions:**

*Substitutions should be consistent with the allergy/intolerance*

*\* PISD Child Nutrition will attempt to accommodate the substitution as requested, but reserves the right to modify the menu based on product availability.*

*I certify that the above named student needs to be offered food substitutions as described because of the student's disability/life threatening food allergy or food intolerance/allergy as indicated.*

**Printed Name of Medical Authority:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Prescribing Physician/Medical Authority:** \_\_\_\_\_ ☐ MD ☐ DO ☐ RD ☐ DO ☐ PA ☐ SLP

SIGNATURE - REQUIRED

I understand it is my responsibility to renew this form as necessary. I understand that if my child's medical or health needs change, it is my responsibility to provide documentation from my child's physician to the Child Nutrition Department and the Child Nutrition Director.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

Return form to: 303 Bulldog Way | Palmer, Tx 75152

| [ssatcher@palmer-isd.org](mailto:ssatcher@palmer-isd.org)

| Fax: (972) 845-2112

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