

Student's Name	Grade	Date of Birth
School's Name	Home Teacher	School Year

Dear Parent/Guardian(s):

Your child's emergency form lists the following allergies:

<input type="checkbox"/>	Food (<i>please specify</i>) _____
<input type="checkbox"/>	Bee/Insect _____
<input type="checkbox"/>	Environmental (<i>please specify</i>) _____
<input type="checkbox"/>	Animal (<i>please specify</i>) _____
<input type="checkbox"/>	Shellfish _____
<input type="checkbox"/>	Peanuts _____
<input type="checkbox"/>	Milk – If you would prefer to not have your child receive fluid milk for lactose intolerance or a milk sensitivity, FSD requires a <i>parent note</i> be placed on file with the school cafeteria manager and the school health clinic/nurse.
<input type="checkbox"/>	Latex _____
<input type="checkbox"/>	Other (<i>please specify</i>) _____

Please have a Physician complete and then return the attached **Menu Modification Medical Statement to Request Special Meals and/or Accommodations** for your student. You may FAX, mail, send or bring this form to your child's school.

___ My Child does not require any medication or interventions for this medical concern.

___ I will visit the clinic to complete a care plan and deliver medications for this medical concern.

<p>Our FAX number is _____</p> <p>Thank you for your prompt attention to this important matter.</p> <p>Sincerely,</p> <p>School Health/Nutrition Services _____ Date _____</p>
--

USDA Regulation 7 CFR Part 15b requires substitutions or modifications in school meals for children whose disabilities restrict their diets. A disability is defined as a "physical or mental impairment which substantially limits one or more major life activities [...]." Food allergies which may result in severe, life-threatening, anaphylactic reactions would also meet the definition of a "disability". A child with a disability must be provided substitutions in foods when that need is supported by a **signed statement from a licensed physician**. When possible, we will *try* to make substitutions for medically certified dietary needs, even if it does not qualify as a disability.

Required Documentation

The Food Service Department (FSD) prepares well-balanced, kid-friendly meals which meet strict nutritional standards set by the United States Department of Agriculture (USDA). Menus incorporate fresh fruit and vegetables, whole grains, low-fat and fat-free dairy products, and lean protein sources that are served at age-appropriate portion sizes.

If a child has a disability relating to food, a food allergy, food intolerance, or special dietary need, a request for assistance with planning and selecting special menus may be made.

Each Dietary Request Requires a Signed Copy of the Attached Menu Modification Medical Statement.

The *Menu Modification Medical Statement* form must be placed on file with the school clinic/nurse and cafeteria manager. For further information regarding documentation or requests, contact the FSD.

*Stacey Townsend RN,BSN
VCS School Clinic Coordinator*

VCS School Clinic Coordinator
The Villages Charter School
251 Buffalo Trail
The Villages, FL 32162
Office: 352-259-3777 ext. 1126
Fax: 352-259-6806

Special Note:

Due to occasional food substitutions by our supplier and the possibility of cross-contamination of allergens in manufacturing plants as well as the variety of foods brought into the cafeteria by students from home, it is impossible to guarantee an allergen-free cafeteria environment.

**Menu Modification Medical Statement
To Request Special Meals and/or Accommodations for School Cafeteria**

To be Completed By Parent

Student's Name:	Grade:	Date of Birth:
School Name:		
Parent/Guardian: (Please Print)	Home Number	Cell Number

To be Completed by Physician

- The student **DOES have** a disability or medical condition and requires a special meal or accommodation.
- The student **DOES NOT have** a disability but is requesting a special meal or accommodation due to food allergies, intolerance or other medical reasons. Food preferences are not an appropriate use of this form.

Disability or medical condition requiring a special meal or accommodation.

Does the student have a special nutritional need?

If student has a disability, describe the major life activities affected by the disability.

Does the student receive meals from the school cafeteria? Please indicate breakfast, lunch, afterschool snacks _____

Provide the diet prescription and/or accommodation. Please describe in detail. Use extra pages if needed.

List any allergies or food intolerances student needs to avoid.

Indicate Texture Modification Request. Regular Chopped Ground Pureed Liquid Tube Feed

Please list specific foods to be omitted and suggested substitutions. Use extra pages if needed.

Foods to be Omitted

Suggested Substitutions

_____	_____
_____	_____

Adaptive Equipment:

Parent/Guardian Signature: _____ Date Signed: _____

Duration: Entire school year or until cancelled by physician order.

From _____ to _____ (Date cannot be for more than one school year)

I certify that the above named student needs special school food as described above.

Medical Authority's Signature: _____ **Printed Name:** _____

Phone Number: _____ **Date Signed:** _____

*A physician's signature is required for students with a disability. For students without a disability, a licensed physician, physician's assistant, or nurse practitioner must sign the form.

(Internal Use Only) Date Received By School:	Date Copy Given To Food Service:
Recipients Signature:	Recipients Signature:

School Nurse Signature:

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and, where applicable, political beliefs, marital status, familial/ parental status or sexual orientation. If you wish to file a Civil Rights program complaint of discrimination, complete the Discrimination Complaint Form, found at http://www.ascr.usda.gov/complaint_filing_cust.html, or you may also write the Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (866) 632-9992. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish). USDA is an equal opportunity provider and employer.