

FAIRFIELD ISD FOOD DISABILITY/ALLERGY MEAL ACCOMMODATION REQUEST

Return form to: 615 Post Oak Road | Fairfield, Tx 75840 | crystal.thill@fairfieldisd.org | Fax: (903) 389-7050

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| <input type="checkbox"/> NEW Request (parent & physician signature required) <input type="checkbox"/> CHANGE or MODIFY Existing Request (parent & physician signature required) <input type="checkbox"/> DISCONTINUE Request (parent signature required) | Student's Name: _____ Date of Birth: _____ Student ID#: _____ |
| <i>I understand as a parent/guardian, it is my responsibility to renew this form anytime there is a change or discontinuation of dietary needs. I give FISD Child Nutrition Department permission to speak with the medical authority to discuss dietary needs as ordered. Parent/Guardian signature required.</i> | Does this student have an identified disability on file with Fairfield ISD? <input type="checkbox"/> IEP <input type="checkbox"/> 504 Plan <input type="checkbox"/> No |
| Parent/Guardian Signature: <u>X</u> _____ Date: _____ Daytime Contact Number: _____ | |

▼▼▼ THIS SECTION MUST BE COMPLETED BY THE STUDENT'S TREATING PHYSICIAN/MEDICAL AUTHORITY ▼▼▼
Please complete all fields, as applicable. We cannot accept incomplete requests.

- The student has a **disability** which restricts the student's diet - **COMPLETE PART A**
- The student **does not have a disability**, but has allergies/intolerances - **COMPLETE PART B**
- The student has **both** a disability which restricts the student's diet as well as allergies/intolerances - **COMPLETE BOTH SECTIONS**; enter any that are disabilities in **PART A**, and any that are allergies/intolerances in **PART PART B**

PART A - DISABILITY INCLUDING SEVERE, LIFE THREATENING FOOD ALLERGY

Student has a disability and requires a special diet or food accommodation. An individual with a disability is described under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990 as a person with any physiological disorder or conditions, cosmetic disfigurement, or anatomical loss affecting the body's systems or any mental or psychological disorder which affects one of the major life activities.

Required if stating a disability:

- Describe or state the student's disability or diagnosis: _____
- Explain why it restricts the student's diet: _____
- List major life activities affected by the disability: _____

Student's food restrictions related to their disability (check all that apply):

EGGS: Whole Eggs Avoid egg in all baked goods

NUTS: Peanuts Tree Nuts

DAIRY: No fluid milk Avoid all dairy products (cheese, yogurt, ice cream) Avoid milk in all baked goods

Note: ice water and cups are located in the dining areas and are available to students at no charge.

Fish Shellfish Wheat Soy (soy lecithin and soy oil allowed) Other: _____

Diabetic - menu selections must be made on the school menu calendar per doctor's orders/individual health plan

Safe food substitutes (required for disability): _____

Please attach additional information if necessary.

PART B - FOOD ALLERGIES/INTOLERANCE NOT CONSIDERED A MEDICAL DISABILITY

Student's allergy/intolerance to food(s) below does not significantly affect one or more major life activities, as defined above. The Child Nutrition Department may make reasonable accommodations, as long as accommodation requests still meet meal pattern requirements.

Student's food allergies/intolerances (check all that apply):

EGGS: Whole Eggs Avoid egg in all baked goods

NUTS: Peanuts Tree Nuts

DAIRY: No fluid milk Avoid all dairy products (cheese, yogurt, ice cream) Avoid milk in all baked goods

Note: ice water and cups are located in the dining areas and are available to students at no charge.

Fish Shellfish Wheat Soy (soy lecithin and soy oil allowed) Other: _____

Safe food substitutes: _____

Please attach additional information if necessary.

Note: Soy milk is available to substitute for fluid milk. We may not substitute juice, water, etc. for milk if a disability is not present.

The Child Nutrition Department will attempt to accommodate the substitution request, but reserves the right to modify the menu based on product availability.

I certify that the above-named student needs to be offered food substitutes as described above because of the student's disability, food allergy, food intolerance, and/or other medical condition.

Physician Name: _____ Phone Number: _____

Physician Signature: X _____ Date: _____

Special Dietary Modification Request Procedures:

1. The first step is to print the medical statement form "Fairfield ISD Food Disability/Allergy Meal Accommodation Request" found on the Fisd Child Nutrition website: <https://www.fisdnutrition.com> under "Special Dietary Needs"
2. A printed copy of this form may also be obtained from the School Nurse or Cafeteria Manager.
3. Parent/Guardian must return the completed and signed form back to the Child Nutrition Director or School Nurse.
4. 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.
5. 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.
6. Special dietary modification requests will be processed in order of a first come basis.
7. 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. The school cafeteria supervisor will receive notification from the CN director on the final plan for meal accommodations and equipment needs. Notes will be added to the POS to indicate allergies/special instructions.

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.

- Fisd 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. Fisd will provide a fluid milk substitution if a special dietary modification request has been submitted indicating a fluid milk allergy/intolerance 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, Fisd 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)

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<https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, 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; or **2. Fax:** (833) 256-1665 or (202) 690-7442; or **3. Email:** Program.Intake@usda.gov

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