

District guidelines require the one time completion of the Special Diet and Food Allergy Accommodation Form by a parent/guardian **and** a licensed medical provider if a life threatening food allergy or disability that requires a special diet or food has been diagnosed. An <u>Allergy</u> <u>Emergency Action Plan</u> should be completed annually if the student's life threatening condition requires the use of emergency medication if exposure occurs.

The information in this form is shared with the food service manager, the building head cook, clinic nurse and other applicable school staff. All district staff receive annual training on food allergies. Your student's meal account will be updated with notation of the food allergy and special dietary needs with an associated alert for the food service staff during each transaction. This information will also be in the student health records. Parents may contact food services or health services directly if so desired for further clarification regarding menu substitutions. Parents may contact the clinic nurse to get more information on cafeteria seating. All staff follow the Administrative Guidelines for food allergies. Parents can contact the Clinic Nurse for more information on snacks/treats in the classroom.

Please remember that both the parent/guardian **and** the licensed medical provider's signature are required for any dietary modifications/substitutions and use of medications. The substitution must be clear on the form and it must be within reason. Once the form has been completed it is not necessary to complete it again unless there are any changes. If the use of medications are required, the annual Allergy Action Plan (Emergency Action Plan) must be completed and returned annually to the school clinic.

Please reference the Flowchart for guidance and the Special Diet and Food Allergy Accommodation Form. USDA's non-discrimination Statement can be found <u>HERE</u>.

Thank You,

Bronwyn Patterson BSN,RN,LSN - District Nurse - <u>bpatterson@springboro.org</u> Kelsey Warren RDN,LD - Food Service Manager - <u>kwarren@springboro.org</u>

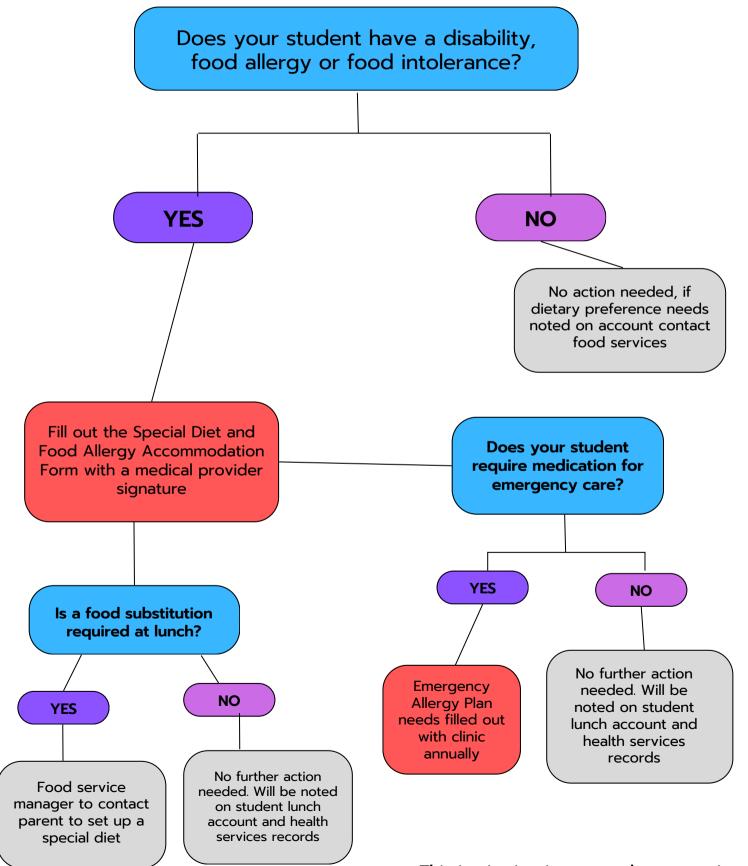
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Springboro Schools | 1685 S. Main St. Springboro, OH 45066 | 937.748.3960 | www.springboro.org





Special Diet and Food Allergy Accommodation Flowchart



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Special Diet and Food Allergy Accommodation Form



The USDA School Meals Program requires that all questions be answered in order for any diet modification or substitution to be made in schools meals. This only needs to be completed ONCE unless there are changes. **DATE COMPLETED:**

Part A: To be completed by Parent/Legal Guardian Student's Full Name: Student's Full Name: Student's Full Name: Cell Phone: Parent/Guardian Name: Email Address: Read through one of the 3 options below to determine what steps you need to take: If the child has a disability, food allergy or food intolerance please fill out part B below.*** If your child has any non-allergy related meal restrictions, you can email kwarren@springboro.org or call 937-748-3960 ext 4664. (le. No meat, no pork, vegetarian, etc.) You do NOT need to fill out part B of this form. If your child has any special nutritional or feeding needs please contact the Clinic Nurse for forms required annually per Health Services. Indee Feeding Pureed Diet Other ****Please note: An individual diagnosed with a life threatening food allergy or disability, as described under Section 504 of the Rehabilition Act (1973) and the Americans with Disabilites. At a self of the USDA nondiscrimation regulation, can be described as a person who has a physical or mental impairment that substantially limits one or more major life activities that all resonable requests for food and beerage substitutions will be made so the student can eat. Part B Part B Part B Part B: To be completed by a medical professional regarding food allergies and intolerances. Please check ALL FOODS to be avoided by the student. Poods to be Substituted if consuming food substantitally limits one or more major life activit	Part A		
Student's Date of Birth: Cell Phone: Parent/Guardian Name: Email Address: Read through one of the 3 options below to determine what steps you need to take: • • IF the child has a disability, food allergy or food intolerance please fill out part B below.*** • • If your child has any special nutritional or feeding needs please contact the Clinic Nurse for forms required annually per Health Services. • • It your child has any special nutritional or feeding needs please contact the Clinic Nurse for forms required annually per Health Services. • • It was note: An individual diagnosed with a life threatening food allergy or disability, as described under Section 504 of the Rehabilitation Act (1973) and the Americans with Disabilities Act as well of the USDA nondiscrimination regulation, can be described as a person who has a physical or mental impairment that substantially limits one or more major life activities that all reasonable requests for food and beverage substitutions will be made so the student can eat. Part B: To be completed by a medical professional regarding food allergies and intolerances. Please check ALL FOODS to be avoided by the student. Foods will only be substituted if consuming food substantially limits one or more major life activities include: impaired immune, digestive, neurologial, bowel functions, etc. Skin Hives, itchy rash, and/or swelling of the face or extremities Mouth Itching and/or tightness in the throat, hoarseness, and hacking cough If a dia or wask pulse, passing out Milk and UNCOOK	Part A: To be completed by Parent/Legal Guardian		
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□ Not applicable	Lactose intolerance (Sub is soy milk only)		
	Not applicable		

EGG ALLERGY:

Eggs only (Ex: boiled, scrambled, individualized eggs)

- Eggs and ALL egg products (This includes cooked and denatured egg products. Ex. Breads, muffins, etc.)
- Not applicable

SOY ALLERGY:

- Soy only (Ex: soy milk, soy yogurt, etc.)
- Soy and ALL soy products (This includes cooked and denatured soy products. Ex: taco meat, chicken tenders, etc.)
- □ Not applicable

FISH/SHELLFISH ALLERGY:

- Finned Fish and ALL fish products
- Crustacea (This includes shrimp, crab, and lobster)
- □ Mollusks (This includes clams, mussels, oysters, and scallops)
- Not applicable

GLUTEN/WHEAT ALLERGY:

- Wheat only
- Celiac Disease (This includes avoidance of products containing wheat, spelt, kamut, farro, durum, bulgar, semolina, barley, triticale, oats & rye)
- □ Non-celiac gluten sensitivity/gluten intolerance
- Not applicable

SESAME ALLERGY:

- □ Sesame and all sesame containing products
- **G** Foods processed in the same factory as Sesame

Other Allergies/foods to avoid not listed above:

Other foods to be omitted	Other foods to be substituted

** FORM CANNOT BE PROCESSED UNLESS IT IS SIGNED BY A PARENT/GUARDIAN AND A MEDICAL AUTHORITY**

Please submit form to kwarren@springboro.org OR you building clinic nurse

Parent/Guardian Signature:	Date:
Medical Authority Signature:	Date:

- Office Use Only -

Nurse Signature:	Food Service Signature:
Date:	Date:

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Foods to be Substituted

(Needs to be specific, but avoid brand names)

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