



SPRINGBORO SCHOOLS
People First / Always Growing / Better Together

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 [Allergy Emergency Action Plan](#) 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 [HERE](#).

Thank You,

Bronwyn Patterson BSN,RN,LSN - District Nurse - bpatterson@springboro.org

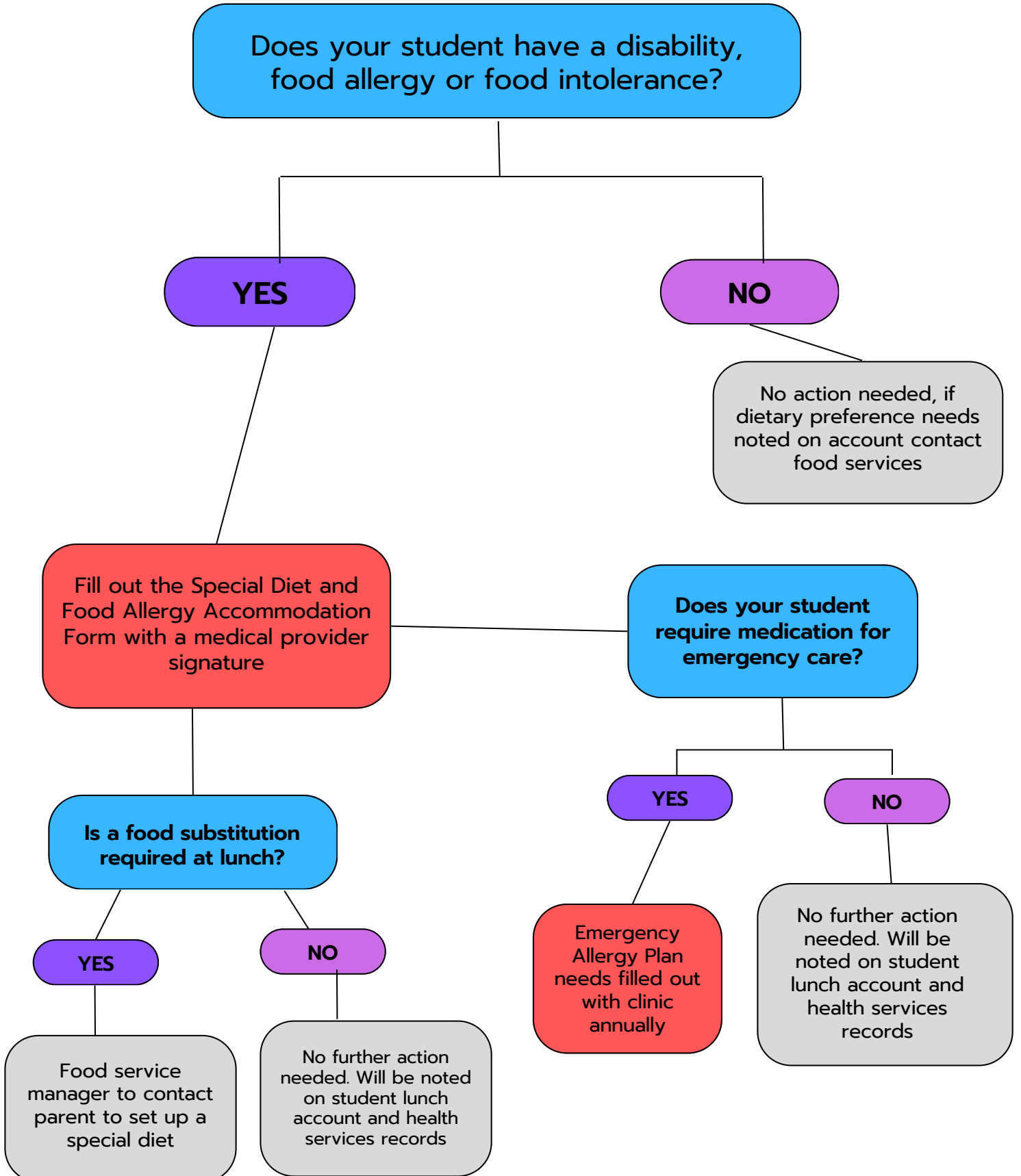
Kelsey Warren RDN,LD - Food Service Manager - kwarren@springboro.org

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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	
Part A: To be completed by <i>Parent/Legal Guardian</i>	
Student's Full Name:	Student ID#:
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:	
<ul style="list-style-type: none"> - 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. (ie. 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. 	
<input type="checkbox"/> Tube Feeding <input type="checkbox"/> Pureed Diet <input type="checkbox"/> Other	
***Please 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	
Part B: To be completed by <i>a medical professional</i> 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 activity. Major life activities include: impaired immune, digestive, neurological, bowel functions, etc.	
Please CIRCLE all signs and symptoms of an allergic reaction/intolerance that apply:	
Mouth Itching & Swelling of the lips, tongue or mouth	Skin Hives, itchy rash, and/or swelling of the face or extremities
Throat Itching and/or tightness in the throat, hoarseness, and hacking cough	Lungs Shortness of breath, persistent cough, and/or wheezing
Gut Nausea, abdominal cramps, vomiting and/or diarrhea	Heart Rapid or weak pulse, passing out
NUT ALLERGY:	Foods to be Substituted
<input type="checkbox"/> Peanuts <input type="checkbox"/> Tree nuts <input type="checkbox"/> Foods processed in the same factory as peanuts/tree nuts	(Needs to be specific, but avoid brand names) <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
DAIRY ALLERGY:	Foods to be Substituted
<input type="checkbox"/> Milk and UNCOOKED dairy products only (Ex: fluid milk, yogurt, cheese, etc.) <input type="checkbox"/> Milk, dairy, and ALL milk products (This includes cooked and denatured milk products. Ex: breads, cookies, etc.) <input type="checkbox"/> Lactose intolerance (Sub is soy milk only) <input type="checkbox"/> Not applicable	(Needs to be specific, but avoid brand names) <div style="border: 1px solid black; height: 60px; width: 100%;"></div>

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

Foods to be Substituted

(Needs to be specific, but avoid brand names)

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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

Foods to be Substituted

(Needs to be specific, but avoid brand names)

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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

Foods to be Substituted

(Needs to be specific, but avoid brand names)

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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

Foods to be Substituted

(Needs to be specific, but avoid brand names)

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SESAME ALLERGY:

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

Foods to be Substituted

(Needs to be specific, but avoid brand names)

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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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