

MEAL ACCOUNT & FOOD ALLERGY MANAGEMENT FORM

The Office of Child Nutrition is pleased to be able to utilize the Point of Sale (POS) system to assist in meeting the special needs of our students or specified wishes of our parents. The POS system allows for message alerts to notify cashiers of special or specific circumstances involving individual students. **Limitations exist relative to the length of alerts, so please choose from the options offered below.**

Life Threatening Food Allergies (LTA), food allergies, dietary restrictions or account restrictions you would like posted on your student’s meal account must be requested on the Meal Account & Food Allergy Management Form yearly.

Student’s Name _____ Student’s ID Number _____
 School Attended _____ Student’s Grade _____

Meal Account Alerts

ACTION – Cashier will take action as indicated below. **Sales will occur unless parents indicate limits.**

- Daily Spending Limit** of _____ (High School Total should consider Breakfast/Lunch/After School) (Middle School/Mason Intermediate/Mason Elementary Total should consider Breakfast/Lunch)
- One Meal Purchase per Day** (no extra entrees, no extra milk, no extra side dishes, no ala carte purchases)
 - o **Includes no ala carte when lunch is packed**
 - o **Milk or small water purchase only when lunch is packed**
- Cash Purchases ONLY** (for meals, extra entrees and ala carte)
- No Courtesy Meals - Per Parent Instructions**
 Should a student have no packed lunch or no funds to buy lunch, a Courtesy Meal will **NOT** be offered.

Food Allergy Management

AWARENESS – Cashier is made aware and will seek emergency medical attention should a need arise.

- Life Threatening **Food Allergy**: Eating/Feeding Evaluation Forms must be submitted by a **physician** if a substitution is requested for **LIFE THREATENING** allergies: _____ .
- Life Threatening **Milk Allergy**: Eating/Feeding Evaluation Forms must be submitted by a **physician** if a substitution is requested for **LIFE THREATENING** allergies.
- Life Threatening Medical Condition: _____

ACTION – Cashier will take action as indicated below.

- Offer Milk Substitute for **Lactose Intolerance** (Non-life threatening milk substitution may be requested by a medical authority or parent/guardian). Substitution is **Dairy Ease** – Lactose-Free (Cow’s Milk). A signed and dated note identifying the student’s medical or other dietary need must accompany this form.
- Special Diet – Reason:** _____ (Eating/Feeding Evaluation Forms must be submitted by physician for substitution requests for Life Threatening Food Allergies or Milk Allergy. Contact 513-336-6526 for form.)

ADVISORY – Cashiers will reference information as needed; **No** Action will be taken.

- Health Issue (Confidential)** _____
- Other Allergies** (foods, bee sting, etc.) _____
- Religious/Cultural Food Preferences** _____
- Vegetarian** _____

Parent’s Signature _____ Date _____

Daytime Phone Number _____

Email Address _____

CHILD NUTRITION OFFICE ONLY
 Date _____
 Call/Letter Processed by: _____

Please return the completed form via:

1. **Email** foodservice@mason.k12.oh.us
2. **US Postal Service** MCS Child Nutrition, 211 North East Street, Mason OH 45040
3. **Facsimile (FAX)** 513.398.2136

MCS Office of Child Nutrition 513-336-6526
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