

Licking Heights Local School District Food Service Department

Dear Licking Heights Parents,

An estimated 1 in 13 American children have food allergies, and we want to make sure we are doing everything possible to keep our students safe. Part of that process is ensuring that each student's school record is up-to-date and representative of their healthcare team's wishes.

According to the USDA, in order to provide modifications for children with food allergies or other disabilities, the requests must be supported by a written statement from a state licensed healthcare professional, such as a physician or nurse practitioner. If your child has a food allergy or dietary restriction and you wish to participate in school meals, you MUST have a physician or nurse practitioner fill out the attached form.

You can submit the form to Tessa Green via email at tessa.green@lhschools.org or turn it in to the Food Service Dietician, located at Licking Heights Food Service, 6507 Summit Road, Suite A, Pataskala, OH 43062.

Frequently Asked Questions:

Why do I need to fill out this form?

The most important reason is to keep your child safe. Additionally, the USDA has a standardized meal pattern that all students must follow, under penalty of serious fines. The school district is exempt from following that standardized meal pattern once we have a signed physician's documentation, similar to a 504 plan or IEP. If you wish to omit a certain food/group or need a product special-ordered, you must have this form on file with the district.

What is considered a "food allergy" or "dietary restriction" covered by this policy? We accommodate students with disabilities. The Americans with Disabilities (ADA) Amendments Act of 2008 (Public Law 110-325, 42 U.S.C 12101) updated the definition of a disability to include, "anyone with a physical or mental impairment that substantially limits one or more major life activities of that individual", including major bodily functions as a major life activity. Some examples include a food allergy (like peanuts or shellfish), a food intolerance (like lactose) that impairs digestion, a medical condition (like Celiac disease) that impairs absorption, a medical condition (like cerebral palsy) that impairs swallowing, and more. This does not include food preferences based on taste or religious restrictions.

What happens once the form is submitted?

The food service department will reach out to gather information about the best way to keep your child safe. Accommodations can be a simple notification on your child's account to warn cashiers, to a separately prepared and packaged meal to prevent cross-contact. Reminder: Licking Heights kitchens are already peanut- and tree-nut-free!

Some questions you may be asked include: "How often does your child eat at school?", "Can they choose their own food from the line and feed themselves?", "Do we need to order any specialty products like gluten-free bread?", etc.

If my family is eligible, will my child still receive free meals under this policy?

Absolutely! Your meals will remain free if your family is on the program. Additionally, you will not be responsible for any additional costs related to your child's allergy accommodations, even if you pay full-price for school meals.

Will I need to resubmit this form next year?

No. Once the paperwork has been submitted, the district will assume the dietary restriction is in place until your child's graduation. If the student's allergy information changes, please provide requested modifications in writing to the food service office.

Sincerely,

The Licking Heights Food Service Team

Medical Statement for Special Diet Accommodations

The United States Department of Agriculture guidelines require school food authorities participating in the National School Lunch Program to make reasonable accommodations available to students with disabilities, on a case-by-case basis, when the need is supported by a written medical statement.

The Americans with Disabilities (ADA) Amendments Act of 2008 (Public Law 110-325, 42 U.S.C. 12101) updated the definition of a disability to include "anyone with a physical or mental impairment that substantially limits one or more major life activities of that individual", including major bodily functions as a major life activity.

According to the USDA, school food authorities are not required to accommodate special diet requests based on dietary preferences that are not considered medical conditions or disabilities, including personal lifestyle choices (such as vegan, vegetarianism, organic) or religious choices.

This form must be completed by a state licensed physician, physician assistant or nurse practitioner. Updates to this form are required only when a participant's needs change.

Participant Information

Participant's Name _____ Today's Date: _____

Name of School Attended/Grade: _____ Date of Birth: _____

Parent/Guardian Name: _____

Home Phone Number: _____ Work Phone Number: _____

Required Information: Dietary Accommodation

1. State the allergen or food to be avoided:

2. Brief explanation of how exposure to this food affects the participant:

____ Breathing ____ Operation of major bodily functions (immune system, bowel, digestive, etc.)

____ Other, specify _____

3. List specific foods to be omitted and substituted. If needed, please attach an additional sheet with instructions.

Foods to be Omitted	Foods to be Substituted

Additional Information

Texture Modification (check or describe, if any) ____ Pureed ____ Ground/Mechanical Soft ____ Bite-Sized Pieces ____

Other: _____

Other Dietary Modification or Additional Instructions (describe, if any):

This institution is an equal opportunity provider.

Medical Professional's Signature

Licensed physician, physician assistant, or advanced practice registered nurse such as a certified nurse practitioner must sign and retain a copy of this document. In the state of Ohio, a Licensed (LD) Registered Dietitian/ Nutritionist (RDN)) can assist with the completion of this form, however, a licensed physician, physician assistant, or advanced practice registered nurse must still co-sign.

Prescribing Authority and Credentials (print): _____

Signature: _____ Date: _____

Co-Signature (only required if signed by RDN/LD): _____ Date: _____

Clinic/Hospital: _____

Phone Number: _____ Fax Number: _____

Voluntary Authorization Note to Parent(s)/Guardian(s)/Participant

You may authorize the director of the school/center/site to clarify this Special Diet Statement with the physician by signing the following Voluntary Authorization section: In accordance with the provisions of the Health Insurance Portability and Accountability Act (HIPPA) of 1996 and the Family Educational Rights and Privacy Act I hereby authorize _____ (physician/medical authority name) to release such protected health information as is necessary for the specific purpose of Special Diet information to _____ (program name) and I consent to allow the physician/medical authority to freely exchange the information listed on this form and in their records concerning me, with the program as necessary. I understand that I may refuse to sign this authorization without impact on the eligibility of my request for a special diet for me. I understand that permission to release this information may be rescinded at any time except when the information has already been released. Optional: My permission to release this information will expire on _____ (date). This information is to be released for the specific purpose of Special Diet information. The undersigned certifies that he/she is the parent, guardian, or authorized representative of the participant listed on this document and has the legal authority to sign on behalf of that participant.

Parent/Guardian: _____ Date: _____ OR Participant's
Signature (Adult Day Care): _____

Questions?

If you have any questions regarding this form and/or special dietary accommodations under the National School Lunch Program at Licking Heights Local School District, please reach out to the foodservice District Dietitian: Tessa.green@lhschools.org 740-919-3354

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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 (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov

This institution is an equal opportunity provider.