

Foxborough Public Schools
Medical Statement to Request Meal Accommodations Form
(Food Allergy, Intolerance or Meal Modifications)

<i>To be completed by PARENT/GUARDIAN</i>				
STUDENT INFORMATION	Last Name:	First Name:	Middle Name:	Date of Birth
	School:		Grade	Student ID#
SELECT the school provided meals in which this student will participate:	<input type="checkbox"/> National School Breakfast Program <input type="checkbox"/> National School Lunch Program			
PARENT/GUARDIAN CONTACT INFORMATION	Printed Name of PARENT/GUARDIAN:			
	Mailing Address:		City:	State: Zip Code:
	Work Phone:	Home Phone:	Mobile Phone:	Email:
<i>Please provide a fully completed Medical Statement below with signature from physician to the nurse at the school your child attends.</i>	<input type="checkbox"/> I agree to allow my child's health care provider and school personnel to communicate as needed regarding the information on this form. <input type="checkbox"/> I have read and understand the information regarding risks about special meal accommodations (opposite side) <input type="checkbox"/> I agree to provide an updated form to the district if my child's condition changes Parent/Guardian Signature: _____ Date: _____			

Food Allergy, Intolerance or Meal Modification Request <i>To be completed by Physician & Returned to School Nurse</i>											
Is this a Food Allergy? <input type="checkbox"/> YES <input type="checkbox"/> NO Is this a Food Intolerance? <input type="checkbox"/> YES <input type="checkbox"/> NO Other? <input type="checkbox"/> YES <input type="checkbox"/> NO Please list the medical diagnosis & reason for the accommodation request: _____ _____ _____	If student has life threatening allergies* check appropriate box(es): <input type="checkbox"/> Ingestion <input type="checkbox"/> Contact <input type="checkbox"/> Inhalation										
Specify any dietary restrictions or special diet instructions for accommodating this student in school meals, including a brief explanation of how exposure to the food(s) effects the child: _____ _____ _____											
For any special diet, list specific foods to be omitted. <i>Or attach a separate care plan</i>	Foods to be Omitted	Suggested Substitution	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; padding: 5px;">Foods to be Omitted</th> <th style="width: 50%; padding: 5px;">Suggested Substitution</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </tbody> </table>	Foods to be Omitted	Suggested Substitution						
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Physician Signature:	Physician Printed Name:	Date:
Office phone #:		

Important Information about Special Meal Accommodations and Ingredients

Meal Modifications Based on Personal Preferences:

The Foxborough Public School District modify meals only for disability-related reasons. School food authorities (SFA) are not required to make meal modifications for children whose dietary restrictions are based on individual food preferences that are not related to a disability, such as general health concerns and religious, ethnic, and moral reasons. SFAs may also meet personal preference by offering multiple meal choices and implementing offer versus serve (OVS). All optional meal modifications must comply with the USDA's meal patterns.

REQUIRED: Medical Statement for Children with Special Dietary Needs

Each special dietary request must be supported by a statement explaining the requested food substitution and must be signed by a physician. The Medical Statement must include:

- An identification of the medical or other special dietary condition which restricts the child's diet;
- The food or foods to be omitted from the child's diet; and
- The food or choice of foods to be substituted.

The medical statement must be written and signed by a physician. Medical statements completed by parents or guardians will not be accepted.

Policy for Special Meal Accommodations & Food Allergies/ Disabilities

USDA Regulation 7 CFR Part 15b requires substitutions or modifications in school meals for children whose disabilities restrict their diets. A child with a disability must be provided substitutions in foods when that need is supported by a signed statement from a licensed physician. If a child requires a special meal accommodation due to a food allergy/intolerance and/or a diagnosed disability, it is the responsibility of the child's parent/guardian to notify the School District's Food and Nutrition Services Department of the child's situation by submitting a completed Medical Statement to Request Meal Accommodations form (must be signed by a physician).

In Cases of Food Allergy

Generally, children with food allergies or intolerances do not have a disability as defined under either Section 504 of the Rehabilitation Act or Part B of IDEA, and the school food service may, but is not required to, make food substitutions for them. However, when in the licensed physician's assessment, food allergies may result in severe, life-threatening (anaphylactic) reactions, the child's condition would meet the definition of "disability", and the substitutions prescribed by the licensed physician must be made.

In case of severe allergies (i.e. food allergies considered a disability) please contact the Nutrition Services Department to discuss your options.

IT IS IMPORTANT TO NOTE THAT INGREDIENTS AND MENU ITEMS ARE SUBJECT TO CHANGE OR SUBSTITUTION WITH OR WITHOUT NOTICE. IN PLANNING AND TREATING ALLERGIES AND MEDICAL CONDITIONS, PLEASE CONTACT THE DISTRICT REGARDING THEIR INDIVIDUAL POLICY REGARDING ACCOMMODATIONS FOR SPECIAL DIETARY NEEDS.

Please note that the School District, the Nutritional Analysis software provider, or the Health-ePRO Software (the interactive menu display software provider) CANNOT guarantee that the information provided is 100% accurate and up-to-date. The nutritional and allergen information that is displayed online is provided by food manufacturers, distributors, and other third parties.

IF YOU HAVE SPECIFIC ALLERGEN QUESTIONS OR CONCERNS, PLEASE CONTACT YOUR SCHOOL'S FOOD AND NUTRITION DEPARTMENT DIRECTOR DIRECTLY. THE CONTENT ON THE WEBSITE/MOBILE APP/ONLINE ORDERING IS NOT INTENDED TO BE A SUBSTITUTE FOR DISCUSSIONS ABOUT SPECIAL MEAL ACCOMMODATIONS WITH YOUR SCHOOL FOOD SERVICE DIRECTOR.

MENUS, FOOD ITEMS, DESCRIPTIONS, INGREDIENTS, ALLERGEN LISTS, FOOD PREPARATION METHODS, AND OTHER DETAILS REGARDING THE FOOD ARE SUBJECT TO FREQUENT CHANGES AND YOU BEAR THE ULTIMATE RESPONSIBILITY OR TAKING THE REGULAR OCCURRENCE OF SUCH CHANGES INTO CONSIDERATION BEFORE RELYING ON THE INFORMATION PRODUCED BY THE SOFTWARE, WEBSITE, MOBILE APP OR MENU.

BY AGREEING TO THIS, YOU EXPRESSLY ACKNOWLEDGE AND AGREE THAT THE SCHOOL IS NOT RESPONSIBLE FOR THE RESULTS OF YOUR DECISIONS RESULTING FROM THE USE OF THIS SOFTWARE INCLUDING, BUT NOT LIMITED TO, YOUR CHOOSING TO TAKE (OR NOT CHOOSING TO TAKE) A SPECIFIC COURSE OF ACTION BASED ON THE INFORMATION PROVIDED.

When exact and 100% accurate nutritional or allergen information is critical to you due to a severe allergy, diet restriction, or medical condition, please seek further information and guidance from your school food service director and do not rely on the information on the district website or online ordering platform.

If your child's allergy or condition potentially creates a serious medical risk, you should discuss the risks and appropriate precautions for participating in school lunch with both your medical provider and your school food service director before participating.