

Distrito Escolar Great Valley
47 Church Road
Malvern, PA 19355

Estimados Padres/Guardianes:

Algunos niños/as tienen **alergias a ciertas comidas** u otras condiciones que afectan su habilidad de comer, y en algunos casos, de tener contacto con ciertas comidas. Para acomodar a esos niños/as en la preparación y el servicio de comida en nuestras cafeterías, les pedimos a los padres/guardianes que nos informen sobre las alergias específicas o condiciones que tiene su hijo/a o que pueden afectar la habilidad de su hijo/a para comer las comidas preparadas en nuestras cafeterías o en otros lugares donde servimos comida.

Aunque nos hayan informado anteriormente de una alergia o condición, todos los padres/guardianes de los niños/as con estas condiciones o alergias tienen que entregar el formulario adjunto a esta carta. Su médico tiene que completar este formulario cada año.

Si Ustedes tienen alguna pregunta o preocupación sobre el plan dietético de su hijo/a, por favor comuníquese con Kelsey Gartner, la dietética del Distrito Escolar Great Valley al 610-889-2125 extensión 52167.

Atentamente,



Regina C. Speaker Palubinsky, Ed.D
Superintendente de todas las escuelas

Great Valley School District

Departamento de Servicio de Alimentos
47 Church Road
Malvern, PA 19355
610-889-2100



Forma de Plan de Contacto del Cuidado de Alergia para Compras en la Cafetería 2017-18

Querido Padre/Guardián,

Además de completar la forma adjunta, por favor marque una de las cajas abajo.

Quiero que la dietética se ponga en contacto conmigo para poner en una lista, en el sistema de ventas de la cafetería, la alergia de mi estudiante; o decidir otro procedimiento alternativo para que él/ella pueda comprar comida en la cafetería de forma segura.

No quiero que la dietética se ponga en contacto conmigo para poner en una lista, en el sistema de ventas de la cafetería, la alergia de mi estudiante; o decidir otro procedimiento alternativo. Mi estudiante no comprará comida en la cafetería.

Nombre del Estudiante _____

Alergia del Estudiante _____

Escuela del Estudiante _____ Grado _____

Nombre del Padre _____ Firma del Padre _____

Número de Teléfono del Padre _____ Correo del Padre _____

Fecha _____

Por favor traiga la forma a:

Great Valley Food Service

Atención: Kelsey Gartner

47 Church Rd

Malvern, PA, 19355

Children with Disabilities and Special Dietary Needs

Schools participating in a federal school meal program (National School Lunch Program, School Breakfast Program, Fresh Fruit and Vegetable Program, Special Milk Program, and Afterschool Snack Program) are required to make reasonable accommodations for children who are unable to eat the school meals because of a disability that restricts the diet.

1. Licensed Medical Authority's Statement for Children with Disabilities

U.S. Department of Agriculture (USDA) regulations at [7 CFR Part 15b](#) require substitutions or modifications in school meals for children whose disabilities restrict their diets. School food authorities must provide modifications for children on a case-by-case basis when requests are supported by a written statement from a state licensed medical authority.

The third page of this document ("Medical Plan of Care for School Food Service") may be used to obtain the required information from the licensed medical authority. For this purpose, a *state licensed medical authority* in Pennsylvania includes a:

- Physician,
- Physician assistant,
- Certified registered nurse practitioner, or
- Dentist.

The written medical statement must include:

- An explanation of how the child's physical or mental impairment restricts the child's diet;
- An explanation of what must be done to accommodate the child; and
- The food or foods to be omitted and recommended alternatives, if appropriate.

2. Other Special Dietary Needs

School food service staff may make food substitutions for individual children who do not have a medical statement on file. Such determinations are made on a case-by-case basis and all accommodations must be made according to USDA's meal pattern requirements. Schools are encouraged, but not required, to have documentation on file when making menu modifications within the meal pattern.

Special dietary needs and requests, including those related to general health concerns, personal preferences, and moral or religious convictions, are not disabilities and are optional for school food authorities to accommodate. Meal modifications for non-disability reasons are reimbursable provided that these meals adhere to Program regulations.

3. Rehabilitation Act of 1973 and the Americans with Disabilities Act

Under Section 504 of the *Rehabilitation Act of 1973*, the *Americans with Disabilities Act (ADA) of 1990* and the *ADA Amendments Act of 2008*, a person with a disability means any person who has a physical or mental impairment that substantially limits one or more major life activities or major bodily functions, has a record of such an impairment, or is regarded as having such an impairment. A physical or mental impairment does not need to be life threatening in order to constitute a disability. If it limits a major life activity, it is considered a disability.

Major life activities include, but are not limited to: caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. A major life activity also includes the operation of a major bodily function, including but not limited to: functions of the immune system; normal cell growth;

and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

4. Individuals with Disabilities Education Act

A child with a disability under Part B of the *Individuals with Disabilities Education Act* (IDEA) is described as a child evaluated in accordance with IDEA as having one or more of the recognized thirteen disability categories and who, by reason thereof, needs special education and related services. The Individualized Education Program (IEP) is a written statement for a child with a disability that is developed, reviewed, and revised in accordance with the IDEA and its implementing regulations. When nutrition services are required under a child's IEP, school officials need to ensure that school food service staff is involved early in decisions regarding special meals. If an IEP or 504 plan includes the same information that is required on a medical statement (see section 1, above), then it is not necessary to get a separate medical statement.

School Nutrition Program Contact

For more information about requesting accommodations to school meals and the meal service for students with disabilities at *Great Valley School District* please contact:

Kelsey Gartner
610-889-2125 X 52167
klgartner@gvdsd.org

USDA Nondiscrimination Statement

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.

Medical Plan of Care for School Food Service

Please read pages 1 and 2 before completing this form.

Student's Name	Date of Birth	Grade Level/Classroom
Name of School/Site		
Name of Parent/Guardian		Phone Number of Parent/Guardian
Signature of Parent/Guardian		Date

1. Provide an explanation below of how the student's physical or mental impairment restricts the student's diet:

2. Describe the specific diet or necessary modifications prescribed by the state licensed medical authority to accommodate the student's needs:

3. List the food or foods to be omitted (please be specific) and recommended alternatives, if appropriate.
Foods to be omitted:

Suggested substitutions:

4. Indicate texture modifications, if applicable:
 Chopped/Cut into bite-sized pieces
 Diced/Finely Ground
 Pureed
 Other: _____

5. List any required special adaptive equipment:

Name of Physician/Medical Authority & Title (Please Print)	Provider Phone Number
Signature of Physician/Medical Authority	Date

Signing the following section is optional, but may prevent delays by allowing the school to speak with the physician/medical authority.

Health Insurance Portability and Accountability Act Waiver
In accordance with the provisions of the Health Insurance Portability and Accountability Act of 1996 and the Family Educational Rights and Privacy Act, I hereby authorize _____ (medical authority) to release such protected health information of my child as is necessary for the specific purpose of Special Diet information to _____ (school/program) and I consent to allow the physician/medical authority to freely exchange the information listed on this form and in their records concerning my child with the school 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 my child. I understand that permission to release this information may be rescinded at any time except when the information has already been released. 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 representative of the person listed on this document and has the legal authority to sign on behalf of that person.

Parent/Guardian Signature: _____ Date: _____