

**Great Valley School District**  
**47 Church Road**  
**Malvern, PA 19355**


Dear Parent/Guardian:

Some children have **food allergies** or other conditions that affect their ability to eat, or in some cases, come into contact with certain food items. To accommodate such children in the preparation and service of food in our cafeterias, we ask that parents/guardians inform us of specific allergies or conditions that could affect the ability of their child to eat food prepared in or eaten in our cafeterias or other food service environments.

Regardless of whether you have informed us previously of food-related allergies and conditions, all parents/guardians of children with these conditions are asked to have their child's treating physician complete and return the enclosed form annually.

If you have any questions or concern about your child's diet plan, you may reach Kelsey Gartner in the Food Service Department at 610-889-2125 extension 52167.

Sincerely,



Regina C. Speaker Palubinsky, Ed.D  
Superintendent of Schools

# Great Valley School District

Food Service Department  
47 Church Road  
Malvern, PA 19355  
610-889-2100



## Allergy Care Plan Contact Form for Purchasing in the Cafeteria 2017-18

Dear Parent/Guardian,

In addition to completing the enclosed form, please check one of the boxes below.

I would like the food service dietitian to contact me to discuss listing my student's allergy on the cafeteria point of sale or other alternate procedures so that my student may safely purchase food in the cafeteria.

I would not like the food service dietitian to contact me to discuss listing my student's allergy on the point of sale or other alternative procedures. My student will not be purchasing food in the cafeteria.

Student's Name \_\_\_\_\_

Student's Allergy \_\_\_\_\_

Student's School \_\_\_\_\_ Student's Grade \_\_\_\_\_

Parent Name \_\_\_\_\_ Parent Signature \_\_\_\_\_

Parent Phone Number \_\_\_\_\_ Parent Email \_\_\_\_\_

Date \_\_\_\_\_

**Please Return to:**

**Great Valley Food Service**

**Attention: 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](mailto: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](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](mailto: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: \_\_\_\_\_