

# **ESTILL COUNTY SCHOOLS**

## **Food Allergies & Special Dietary Needs**

### **Meals for Students with Food Allergies and/or Special Dietary Needs**

The Food & Nutrition Services department has a policy of providing modified menus for students who have physical or mental disabilities or special dietary needs and are unable to consume the regular lunch or breakfast menu items. This policy is in accordance with a federal mandate to include all students in the school nutrition programs and is in accordance with policy guidelines outlined in FNS Instruction 783-2, Revision 2, *Meal Substitutions for Medical or Other Special Dietary Reasons*. The Food & Nutrition Services Department should be informed of any student who is unable to consume the meals normally served at the school in which they are enrolled.

Program regulations provide for the substitution of food items based on child-specific medical guidance. The regulations do not provide for the banning of selected foods for all students. The district believes that banning foods would be counter-productive and not in the best interest of all students at a specific school site. A concerted effort will be made to meet the nutritional needs and/or disability limitations of each student. Accordingly the district has outlined the responsibilities for parents, school sites and Food & Nutrition Services as follows:

#### **Parent Responsibilities:**

1. Notify the school of any food allergy, disability or special dietary need.
2. Provide medical certification approved by a recognized medical authority (RMA) authorized to practice within the State of Kentucky. Utilize the **EATING AND FEEDING EVALUATION: CHILDREN WITH SPECIAL NEEDS AND INFORMATION CARD**
3. Update the medical certification on as needed.
4. Participate in any meetings or discussions regarding the student's meal plan.
5. Notify the school of any changes relating to the food allergy or special dietary need.

#### **School Site Responsibilities:**

1. Identify children requiring diet modifications. This will be accomplished primarily through registration materials and parental contact.
2. The school Nurse or Health Services Assistant will be notified and begin the process for the implementation of an Individual Health Services Plan (IHSP).
3. Request medical certification from parent or guardian. Utilize the **EATING AND FEEDING EVALUATION: CHILDREN WITH SPECIAL NEEDS AND INFORMATION CARD**
4. Send the medical certification to Food & Nutrition Services.
5. Additional responsibilities may include educational awareness for staff and students related to field trips, classroom parties, allergy alert identification and intervention.
6. Communicate plan requirements to all potential participants.
7. Monitor and update the plan as needed.

#### **Food & Nutrition Services Responsibilities:**

1. Provide food item substitutions for students based on medical need supported by a medical certification signed by a recognized medical authority. Menus will not be modified based on personal preference.
2. Provide training to cafeteria personnel on how to react to allergies and how to modify menus.
3. Communicate with parents, staff and medical authorities regarding diet modifications.
4. Maintain Special Diet information on each student and update annually.

**FIGURE 1. EATING AND FEEDING EVALUATION:  
CHILDREN WITH SPECIAL NEEDS**

PART A		
Student's Name	Age	
Name of School	Grade Level	Classroom
Does the child have a disability? If Yes, describe the major life activities affected by the disability.	Yes	No
Does the child have special nutritional or feeding needs? If Yes, complete Part B of this form and have it signed by a licensed physician.	Yes	No
If the child is not disabled, does the child have special nutritional or feeding needs? If Yes, complete Part B of this form and have it signed by a recognized medical authority.	Yes	No
If the child does not require special meals, the parent can sign at the bottom and return the form to the school food service.		
PART B		
List any dietary restrictions or special diet.		
List any allergies or food intolerances to avoid.		
List foods to be substituted.		
List foods that need the following change in texture. If all foods need to be prepared in this manner, indicate "All."  Cut up or chopped into bite size pieces:  Finely ground:  Pureed:		
List any special equipment or utensils that are needed.		
Indicate any other comments about the child's eating or feeding patterns.		
Parent's Signature	Date:	
Physician or Medical Authority's Signature	Date:	

**FIGURE 2. INFORMATION CARD**

Student's Name	Teacher's Name	
Special Diet or Dietary Restrictions		
Food Allergies or Intolerances		
Food Substitutions		
<p>Foods Requiring Texture Modifications:</p> <p>Chopped:</p> <p>Finely Ground:</p> <p>Pureed or Blended:</p>		
Other Diet Modifications:		
Feeding Techniques		
Supplemental Feedings		
<p>Physician or Medical Authority:</p> <p>Name</p> <p>Telephone</p> <p>Fax</p>		
<p>Additional Contact:</p> <p>Name</p> <p>Telephone</p> <p>Fax</p>	<p>Additional Contact:</p> <p>Name</p> <p>Telephone</p> <p>Fax</p>	
<p>School Food Service Representative/Person Completing Form:</p> <p>Title</p> <p>Signature</p>		<p>Date:</p>