

## Vineland Public Schools

### Food Allergies, Food Substitutions or Modifications

PART A			
Student's Name	Age	Date of Birth	School ID #
Name of School		Grade Level	Classroom
Does the child have a disability? (Circle One)		Yes      No	If yes, what is the diagnosis?
If yes, describe the major life activities affected by the disability.			
Does the child have special nutritional or feeding needs? (Circle One)		Yes      No	If Yes, complete Part B of this form and have it signed by a licensed physician.
If the child is not disabled, does the child have special nutritional or feeding needs? (Circle One)		Yes      No	If Yes, complete Part B of this form and have it signed by a recognized medical authority.
If the child does not require special meals, the parent can sign at the bottom and return the form to the school nurse.			
PART B			
List any dietary restrictions or special diet prescriptions.			
List all foods and/or beverages to be avoided. Please also indicate if the allergen should be avoided <u>as an ingredient</u> in other foods.			
List foods to be substituted.			
List foods that need the following changes 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	

**Please return this form to your school nurse.  
 School Nurse - please forward a copy to the District Dietitian at the Central Kitchen/Wallace School  
 (Fax 856-507-8737, Phone x2206)**

**Vineland Public Schools  
Foodservice Department  
Food Allergies, Food Substitutions or Modifications**

**Required Documentation**

**Licensed Physician's Statement** must include the following **5 Key Elements**:  
(The form on the reverse side covers all of these requirements)

- What the disability is
- How the disability restricts the diet
- Major life activity affected
- Food(s) to be omitted
- Food(s) to be substituted

**There are Two Types of Food Allergies – Disabilities and Non-Disabilities:**

**Food Allergies – Disability**

- Food Allergy is considered a disability if it is **severe and life-threatening** (anaphylactic reaction).
- Physician's statement is **required**.
- Food Service **must** make substitutions in meals.

**Food Allergies – Non-Disability**

- Food Allergy is considered a non-disability if it **restricts the diet**.
- Supporting statement from Licensed Physician or recognized medical authority is required. (Physician Assistant, Nurse Practitioner, or Registered Dietitian)
- Food Service has the **option** to provide substitutions in meals.
- Special foods for Non-Disability allergies will be handled on a case by case basis. For example Lactaid milk will be provided as long as the child comes to the café on a regular basis. The menu has many choices to accommodate most needs.

**All information for food allergies and modifications must be faxed to the District Dietitian at 856-507-8737. The Dietitian will contact the school and will enter the information in the POS system.**