

FOOD ALLERGY and DISABILITY ALERT FORM

CRISP COUNTY SCHOOLS, SCHOOL NUTRITION
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DEFINING A DISABILITY, ALLERGY or INTOLERANCE

The child listed on this form is a participant in one of the United States Department of Agriculture (USDA) school nutrition programs.

- USDA regulations 7CFR Part 15B require substitutions or modifications in school nutrition program meals for children whose **disability** restricts their diet and is supported by a statement signed by a **licensed physician**. Food allergies which result in a severe, life-threatening (anaphylactic) reaction may meet the definition of "disability."
- Physician shall determine allergy by testing or reading allergy current test results. Allergy form will be requested each year for students with severe allergies.
- The school food authority may choose to accommodate a student with a **non-disabling special dietary need** that is supported by a statement signed by a **recognized medical authority** (physician, physician assistant or nurse practitioner). The school food authority may choose to make a milk substitution available for students with a **non-disabling special dietary need**, such as milk intolerance or for cultural or religious beliefs. If the school food authority makes these substitutions available, the milk substitute must meet nutrient standards identified in regulations.

Please return this completed form ONLY IF YOU ANSWER YES THAT THERE IS AN ALLERGY, DISABILITY or CARBOHYDRATE LIMIT.

THIS FORM MUST BE SIGNED BY THE DOCTOR THAT IS TREATING THE ALLERGY OR DISABILITY. Turn in when registering at your child's school

FOOD ALLERGIES- Circle all that applies and explain symptoms

FOOD	SEVERITY(Circle one if there was a <u>yes</u> to any of the questions below.	TYPES TO AVOID	CAN STUDENT BE IN THE SAME AREA or ROOM as FOOD?	Medicine at School and w/TYPE/ LOCATION	Symptoms (ex. Anaphylactic Shock, hives, welts, fever, diarrhea, fever, vomiting etc)
<u>FISH</u> YES/NO	MILD/ MODERATE/ SEVERE	FISH ONLY / SHELLFISH/ ALL	YES / NO	YES / NO	
<u>GLUTEN</u> YES/NO	MILD/ MODERATE/ SEVERE	ALL	YES / NO	YES / NO	
<u>MILK ALLERGY</u> YES/NO	MILD/	ALL FORMS	YES / NO	YES / NO	
<u>MILK INTOLERANCE</u> YES/NO	MODERATE/ SEVERE	ONLY FLUID MILK/	YES / NO	YES / NO	
<u>PEANUTS/NUTS</u> YES/NO	MILD/ MODERATE/ SEVERE	ALL	YES / NO	YES / NO	
<u>SOY</u> YES/NO	MILD/ MODERATE/ SEVERE	ALL	YES / NO	YES / NO	
<u>WHEAT</u> YES/NO	MILD/ MODERATE/ SEVERE	ALL	YES / NO	YES / NO	
<u>EGGS</u> YES/NO	MILD/ MODERATE/ SEVERE	ALL	YES / NO	YES / NO	
<u>OTHER-</u> YES/ NO	MILD/ MODERATE/ SEVERE		YES / NO	YES / NO	

DISABILITIES? SEE STATEMENT AT THE TOP OF THE PAGE FOR A DISABILITY Yes / No
If Yes, describe the major life activities affected by the disability. (CHEWING, PUREED FOODS, DIABETIC DIET) _____

Student's Name _____ School _____

Grade Level _____ Classroom Teacher _____

DIABETES CARBOHYDRATE LIMIT/ PER MEAL(for Diabetes) _____ (MG)

PARENT NAME PRINTED

Parent Phone Number

Doctor Signature

DATE

Doctor name(PRINTED)

DOCTOR ADDRESS

Phone number