

Authorization for Food Allergy Self-Monitoring

Campus: _____ Grade: _____ Teacher: _____

To the Parent/Guardian of _____

In order to help protect the student's health, your consent and written authorization from a licensed healthcare provider are required when it is necessary for your child to receive optimal care. A new authorization form is required every year at the beginning of school.

Definitions of Disability and of Other Special Dietary Needs

Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990, a "person with a disability" is any person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment or is regarded as having such impairment.

The term "physical or mental impairment" includes many diseases and conditions, a few of which may be orthopedic, visual, speech and hearing impairments; cerebral palsy; epilepsy; muscular dystrophy; multiple sclerosis; cancer; heart disease; metabolic diseases, such as diabetes or phenylketonuria (PKU); food anaphylaxis (severe food allergy); mental retardation; emotional illness; drug addiction and alcoholism; specific learning disabilities; HIV disease and tuberculosis.

Major life activities covered by this definition include caring for one's self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

IDEA recognizes the following disability categories that establish a child's need for special education and related services. These disabilities include: autism; deaf-blindness; deafness or other hearing impairments; mental retardation; orthopedic impairments; other health impairments due to chronic or acute health problems, such as asthma, diabetes, nephritis, sickle cell anemia, a heart condition, epilepsy, rheumatic fever, hemophilia, leukemia, lead poisoning, tuberculosis; emotional disturbance; specific learning disabilities; speech or language impairment; traumatic brain injury; and visual impairment, including blindness which adversely affects a child's educational performance; and multiple disabilities.

Physician's Statement for Children with Disabilities

USDA regulations require substitutions or modifications in school meals for children whose disabilities restrict their diets. A child with a disability must be provided substitutions in foods when that need is supported by a statement signed by a licensed physician. Please complete the following Allergy Diet Order Form.

<p>In Cases of Food Allergy / Intolerances</p> <p>Generally, children with food allergies or intolerances do not have a disability as defined under either Section 504 of the Rehabilitation Act or Part B of individual with Disabilities Education Act (IDEA). Seminole ISD Food Service may, but is not required to, make food substitutions for them. However, when in the licensed physician's assessment food allergies may result in severe, life-threatening (anaphylactic) reactions, the child's condition would meet the definition of a "disability", and the substitutions prescribed by the licensed physician must be made.</p> <p>I understand the above disability definition and I agree to fully disclose all information regarding any life threatening food allergy or allergies resulting in anaphylaxis.</p> <p>_____ No, my child does not have any life threatening allergies. My child and I are responsible for monitoring his/her own dietary intake.</p> <p>_____ Yes, my child does have life-threatening allergies. Please have physician fill out the Diet Order Form.</p> <p>Signature of Parent or Legal Guardian _____ Date _____</p> <p>Printed Name _____</p>
--

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, audiotape, 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.

This form should be returned to the campus nurse. If special services are needed, please send a copy to Director of Food Services and Director of Special Education.