

# Great Valley School District

Food & Nutrition Services Department  
47 Church Road  
Malvern, PA 19355  
610-889-2100



## Servicios de alimentación y nutrición Alergia alimentaria

### Información para cafetería 2021-22

Estimado Padre/Tutor,

El siguiente describe el proceso de los Servicios de Alimentación y Nutrición del Distrito Escolar de Great Valley para acomodar a estudiantes con discapacidades y necesidades dietéticas especiales.

- Es responsabilidad del padre/tutor comunicar todas las alergias a los alimentos a la enfermera de la escuela. El dietista de los Servicios de Alimentación y Nutrición registra los alérgenos y crea una alerta en el sistema de Punto de Venta para que se indique una alerta durante cada transacción en la cafetería.
- Los padres/tutores pueden comunicarse con los Servicios de Alimentación y Nutrición del Distrito Escolar de Great Valley para discutir modificaciones para sus estudiantes en base de caso por caso cuando las solicitudes son apoyadas por una declaración escrita de una autoridad médica licenciada del estado.

#### Plan Médico de Cuidado para el Servicio de Alimentos Escolares

El Plan Médico de Cuidado para el Servicio de Alimentos Escolares puede ser usado para obtener la información requerida de la autoridad médica licenciada. Para este propósito, una autoridad médica licenciada por el estado en Pennsylvania incluye:

- Asistente médico,
- Enfermera profesional certificada o
- Dentista.
- Una explicación de cómo el impedimento físico o mental del niño restringe la dieta del niño;

- Una explicación de lo que se debe hacer para acomodar al niño; y
- Los alimentos o alimentos que se deben omitir y las alternativas recomendadas, si es apropiado.

### **Otras Necesidades Alimentarias Especiales**

El personal de servicio de alimentos de la escuela puede hacer sustituciones de alimentos para niños individuales que no tienen una declaración médica en el archivo. Tales determinaciones se hacen caso por caso y todas las acomodaciones deben hacerse de acuerdo a los requisitos del patrón de comidas del USDA. Las escuelas son alentadas, pero no requeridas, a tener documentación en archivo cuando hacen modificaciones del menú dentro del patrón de la comida.

Las necesidades y solicitudes dietéticas especiales, incluyendo aquellas relacionadas con preocupaciones generales de salud, preferencias personales y convicciones morales o religiosas, no son discapacidades y son opcionales para que las autoridades de alimentos escolares las tengan en cuenta. Las modificaciones de las comidas por razones no relacionadas con la discapacidad son reembolsables siempre que estas comidas se ajusten a las regulaciones del programa.

### **Contacto del Programa de Nutrición Escolar**

Para obtener más información sobre cómo solicitar adaptaciones para comidas escolares en el Distrito Escolar de Great Valley, comuníquese con:

Kelsey Gartner,  
Food & Nutrition Services Dietitian  
[KLGartner@gvsd.org](mailto:KLGartner@gvsd.org)  
610-889-2125 ext. 52167

### 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.<br><u>Foods to be omitted:</u>  |               |                                 |
| <u>Suggested substitutions:</u>  |               |                                 |
| 4. Indicate texture modifications, if applicable:<br><input type="checkbox"/> Chopped/Cut into bite-sized pieces <input type="checkbox"/> Diced/Finely Ground <input type="checkbox"/> Pureed <input type="checkbox"/> 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                            |
| <p><i>Signing the following section is optional but may prevent delays by allowing the school to speak with the physician/medical authority.</i></p> <p><b>Health Insurance Portability and Accountability Act Waiver</b><br/>                 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 _____ (<i>medical authority</i>) to release such protected health information of my child as is necessary for the specific purpose of Special Diet information to _____ (<i>school/program</i>) 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 _____ (<i>date</i>). This information is to be released for the specific purpose of Special Diet information.</p> <p>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.</p> <p>Parent/Guardian Signature: _____ Date: _____</p> |               |                                 |

## 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, please contact:

#### **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, 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: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, 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.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Contact your child's school.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Comuníquese con la escuela de su niño.