

**500.8L FOOD ALLERGY POLICY****I. PURPOSE**

The purpose of this policy is to assist in identifying the responsibilities of school district personnel in providing school meals to children who have special dietary needs.

**II. GENERAL STATEMENT OF POLICY**

- A. The school district recognizes the importance of building an awareness of addressing the nutrition management of special needs students.
- B. The school district also recognizes the need for communication among school food and nutrition personnel, special education teachers, nursing and medical personnel, school administrators, classroom teachers, support personnel, and parents in determining dietary needs of students.

**III. DEFINITIONS**

- A. Major life activities covered by this definition include caring for one's self, eating, performing manual tasks, walking, seeing, hearing, speaking, learning, breathing, and working
- B. Food Allergy: Generally children with food allergies or intolerances do not have a disability as defined under 7CFR15b.3 of USDA's nondiscrimination regulations. Therefore, school food personnel may make substitutions for children who do not meet the disability requirement, but are not required to do so. When the physician's assessment indicates that the food allergy may result in severe, life-threatening (anaphylactic) reactions, the child's condition would meet the definition of disability and then the substitutions prescribed by a licensed physician are required.
- C. Recognized Medical Authority: This is an individual who works within the medical field recognized to have opinions regarding the dietary needs of a student but is not a licensed physician. This would not be considered an appropriate signature if the student has a life-threatening disability.
- D. Licensed Physician: This is an individual who is a licensed doctor/physician qualified to make determinations regarding the disabling condition of a specific food allergy reaction.
- E. Allergy: Caused by proteins, involves the immune system, small doses of allergen can trigger a reaction, the allergen does not have to be ingested.
- F. Intolerance: Not caused by proteins, no immune system involvement, involves food acids, sugars, and amino acids, usually requires larger amounts than what would trigger an allergy.

#### IV. GUIDELINES

- A. Providing meals to students without disabilities: The school may, at its discretion, make substitutions for individuals who are not disabled as defined in regulations but are unable to consume the same meal because of medical or other special dietary needs. Such substitutions may be made on a case-by-case basis when supported by a medical or a diet statement signed by a recognized medical authority.
- B. Providing meals for disabled (as defined in Section 504 of the Rehabilitation Act of 1973) students. USDA regulations 7 CFR require substitutions or modifications in school meals for children whose disabilities restrict their diets. When school officials receive a diet statement signed by a licensed physician, it is the role of the school district to make the necessary changes or modifications by providing the types and amounts of foods specified in the licensed physician's statement.

A licensed physician must sign the medical or diet statement for a student with a disability. The medical or diet statement shall identify:

1. The student's disability and an explanation of why the disability restricts the diet.
2. The major life activity affected by the disability.
3. The food or foods to be omitted from the student's diet and the food or choice of foods that may be substituted.

The licensed physician determines whether a student has a disability based on the definition in the regulations on a case-by-case basis. School food service personnel do not make the determination of whether a student has a disability.

- C. Individualized Education Plan (IEP): The Individualized Education Plan is the management tool for students receiving special education related services. The services prescribed in the IEP may include special meals so nutrition should be a part of the IEP for a child who requires a special diet.
- D. Section 504: Students with handicapping conditions consistent with definitions set forth in Section 504 of the Rehabilitation Act of 1973 will be identified, evaluated and provided with appropriate services. All processes and procedures as described in that statute are applicable to the accommodation issues for students with life threatening disabling dietary (allergenic) needs. Food allergies will be addressed in a Section 504 accommodation plan for students who are not otherwise disabled. A 504 accommodation plan may also be used for IEP students if the life threatening food allergy is not related to the disability.
- E. Lactose Intolerance: It is the responsibility of the school to provide substitutes for any child with lactose intolerance as specified in state law (MN Statutes 124.6362). A school district that participates in the NSLP or SBP and receives a written request from a parent makes available lactose

reduced milk, milk fortified with lactose in liquid, tablet, granular or other forms, or milk to which lactobacillus has been added.

The school is not required to make available any other substitutes, such as juice, to lactose intolerant students. A physician's statement for a recognized medical authority is not required to provide lactose-reduced milk.

- F. The USDA Departmental Rule 7CFR15b, 1982 and the NSLP, SBP and CACFP regulations, 1988 require schools participating in the NSLP and or SBP to serve special meals at no extra charge to students whose disability restricts their diet. The student must meet the definition of handicapped set forth in 7CFR15b and the handicap must restrict the student's diet. Furthermore, substitution/modification must be supported by a diet or a medical statement signed by a licensed physician, which states the need for substitution and a recommendation for alternate foods.

## **V.SCHOOL RESPONSIBILITIES**

- A. The responsibility of determining special nutrition needs and prescribing a nutrition plan for those needs does not rest with the school food service personnel. A physician or in some situations, a registered dietitian, must prescribe a nutrition plan in cooperation with the family, special education and nursing staff, and other members of the school team. A student's nutrition, food and feeding needs can be addressed through an interactive partnership among parents, student, school food service staff, special education, health, and social service professionals.
- B. School district officials specify the roles of specific individuals within the school setting as they relate to students and allergies.
- C. School district officials specify the role of school food service and nutrition service personnel in providing, preparing, and serving food to students with special dietary needs.
- D. The school district should provide time and opportunity for training staff directly involved with students who have special dietary needs. This training may also include medical emergency procedures for treatment of anaphylaxis. (Food Allergy Reaction Plan)
- E. It is important that all recommendations for accommodations or changes to existing diet orders be documented in writing to protect the school and minimize misunderstandings. Schools should retain copies of special, non-meal pattern diets on file for reviews. (Information card, medical statement)
- F. The diet orders do not need to be renewed on a yearly basis; however, schools are encouraged to ensure that the diet orders reflect the current dietary needs of the child.

## **VI. PROVIDING SPECIAL MEALS TO CHILDREN WITH DISABILITIES**

- A. The school food service is required to offer special meals, at no additional cost, to children whose disability restricts their diet as defined in USDA's nondiscrimination regulations, 7CFR15b. (Medical statement for children with disabilities)
  - 1. If a child's IEP includes a nutrition component, the district should ensure that the food service director is involved early in decisions regarding special meals or modifications.
  - 2. The school food service is not required to provide meal services to children with disabilities when the meal service is not normally available to the general student body, unless a meal service is required under the child's IEP.

For example, if a school breakfast program is not offered, the school food service is not required to provide breakfast to the child with a disability unless this is specified in the child's IEP.

- B. Menu modifications for Children with Disabilities
  - 1. Children with disabilities who require changes to the basic meal (such as special supplements or substitutions) are required to provide documentation with accompanying instructions from a licensed physician.
  - 2. This is required to ensure that the modified meal is reimbursable, and to ensure that any meal modifications meet nutrition standard, which are medically appropriate for the child.

## **VII. SERVING THE SPECIAL DIETARY NEEDS OF CHILDREN WITHOUT DISABILITIES**

- A. Children without disabilities, but with special dietary needs requiring food substitutions or modifications, may request that the school food service meet their special nutrition needs. (Medical Statement for children without disabilities)
  - 1. The school food service authority will decide these situations on a case-by-case basis. Documentation with accompanying information must be provided by a recognized medical authority.
  - 2. While school food authorities are encouraged to consult with recognized medical authorities, where appropriate, schools are not required to make modifications to meals based on food choices of a family or child regarding a healthy diet.

### ***LEGAL REFERENCES:***

Section 504 of the Rehabilitation Act of 1973  
The Individuals with Disabilities Education Act (IDEA)  
Americans with Disabilities Act of 1990 (ADA)  
National School Lunch, School Breakfast and Child and Adult Care Food Program Regulation 1998