

Atlanta Public Schools School Nutrition Department Special Diet Request Form

All fields must be completed. The APS School Nutrition Department shall not accept incomplete forms. Write "n/a" if field not applicable.

PART A: Parent/Legal Guardian	
Student's Name (Please Print):	Student ID:
DOB (mm/dd/yyyy):	School:
Grade Level:	Teacher's Name:
Parent/Guardian Name(s) (Please Print):	
Parent/Guardian Phone Number:	Parent/Guardian Email:
Which meal(s) will the student eat from the cafeteria? <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Usually brings from home	
Does your child/student require lactose-free milk? <input type="checkbox"/> Yes <input type="checkbox"/> No Please describe your child/student's nutritional request for lactose-free milk: My child/student requires lactose-free milk due to: _____ <i>*Please note: A request for lactose-free milk does not require a medical provider's signature. However, a request for an alternative milk (almond milk, soy milk, etc.) DOES require a medical provider's signature. If requesting an alternative milk, please have child/student's medical provider complete the rest of this form.</i>	
I give APS Nutrition Department permission to speak with my child/student's medical provider to discuss dietary needs described below. I have read the APS Nutrition Department Special Diet Request information found on the back of this page.	
Parent/Guardian Signature:	Date:
PART B: Disability* or Food Allergy/Intolerance To be completed by a LICENSED MEDICAL PROVIDER	
<i>*Under Section 504 of the Rehabilitation Act 1973 and the American with Disabilities Act 1990, a person with a "disability is any person who has a physical or mental impairment that substantially limits one or more life activities", including food allergies or intolerances.</i>	
Explain how the disability restricts the student's diet: _____	
Major life activity(s) affected (check all that apply) <input type="checkbox"/> Caring for self <input type="checkbox"/> Manual Tasks <input type="checkbox"/> Walking <input type="checkbox"/> Hearing <input type="checkbox"/> Eating <input type="checkbox"/> Learning & Working <input checked="" type="checkbox"/> Speaking <input type="checkbox"/> Breathing <input type="checkbox"/> Seeing <input type="checkbox"/> Other: _____	Food(s) to be omitted (check all that apply) <input type="checkbox"/> Peanuts <input type="checkbox"/> Shellfish <input type="checkbox"/> Tree Nuts <input type="checkbox"/> Fluid Milk <input type="checkbox"/> Soy <input type="checkbox"/> All Dairy <input type="checkbox"/> Fish <input type="checkbox"/> Egg <input type="checkbox"/> Wheat <input type="checkbox"/> Other: _____
Please list foods that may be substituted: _____ _____	
Can the child consume foods when the allergen(s) is listed as an ingredient in the food product? (Example: Whole eggs and scrambled eggs are omitted but egg as an ingredient in pancakes & waffles is allowed.) Yes No Explain (be specific): _____	
List any texture modifications that need to be made (chopped, pureed, etc.): _____	Therapeutic Diet Order-LIST SPECIFIC PRESCRIPTION: _____
Medical Authority Name (printed):	Date:
Medical Authority Signature:	Credentials (i.e. MA, NP, PA):
Clinic/Facility Name:	Phone Number:

**Please Return to: APS School Nutrition
Department Registered Dietitian:**
linda.ankner@apsk12.org
Please note that cafeteria managers are unable to process any documents. See back page of this document for additional information.

DOCUMENTATION

To obtain special diet accommodations for a student, the APS School Nutrition Department Special Diet Request form shall be completed and signed by a licensed, recognized medical authority.

Per the United States Department of Agriculture the following information is **required** in order to provide accommodations:

Children with Disabilities

- Identification of the student as having a disability (physical or mental impairment)
- Explanation of how the disability restricts the child's diet
- The major life activities affected by the disability
- Foods to be omitted
- Food or choice of foods that must be substituted

The APS School Nutrition Department shall not accept incomplete forms; please note if documentation received is incomplete or requires further clarification, dietary accommodations shall not begin until all information is provided.

Notes written by parents or Special Diet forms without a physician or medical authority's signature are not approved documentation and shall not be accepted. Except when requesting lactose-free milk.

Changes to existing dietary accommodations and the alert on a student's account shall not be removed or changed without documentation in writing from parent/guardian or medical authority. If any accommodation currently in place needs to be removed, the School Nutrition department requires a written request to be submitted to the Registered Dietitian.

A new Special Diet form **does not** need to be submitted each school unless there are changes to the student's current Special Diet Form.

TIME FRAME

Dietary accommodations may take up to 1 week to process, especially at the beginning of the school year. Families will be contacted by APS Registered Dietitian within 24 hours of the Registered Dietitian receiving the completed form.

ALLERGEN INFORMATION

Specific food substitutions shall only be made for students with a disability and/or food allergy as listed by the medical authority.

APS School Nutrition Department does not monitor allergens for any a la carte purchases made by students.

Although the APS School Nutrition Department attempts to be completely nut-free, some products may carry an advisory statement such as "processed in facility" or "may contains...". Therefore, the department is Nut-Cautious and please refer to the allergens listed online in MealViewer.

APS School Nutrition Department makes every attempt to identify ingredients that may cause reactions in people with food allergies. Allergen information posted is based on information that the School Nutrition Department currently has on file. Allergen information is subject to change based on manufacturers and APS is not always notified of these changes

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: **mail:** U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or **fax:** (833) 256-1665 or (202) 690-7442; or **email:** Program.intake@usda.gov This institution is an equal opportunity provider.