



Return completed form to:
Nutrition Services Center
360 Farmington Avenue Louisville, KY 40209
nutritionspecialdiets@jefferson.kyschools.us
Fax: 502.485.6494

JEFFERSON COUNTY PUBLIC SCHOOLS
SCHOOL HEALTH PLAN
SPECIAL DIETARY NEEDS/FOOD ALLERGY
Please print neatly

School Year:

FOR OFFICE USE ONLY

PART A Parent / Guardian: Complete Items 1 - 15

1) Student ID#		2) Student's Last Name		3) Student's First Name		4) Date of Birth (MM/DD/YYYY)	
5) School				6) Grade		7) Meals Eaten at School	
						☐ Breakfast ☐ Lunch ☐ Snack ☐ None	
Parent/Guardian Name & Contact Information							
8) Name		9) Phone Number		10) Mailing Address (City, State, Zip)			
11) E-mail Address (We may use this to send acknowledgement and details of your child's menu plan. PRINT NEATLY.)							
12) Parent Requests that are not due to a medical disability. Please Note: Nutrition Services may attempt to accommodate cultural/personal preferences but are not required by law to do so. These accommodations depend on product availability on the daily serving line. ☐ Vegan ☐ Vegetarian ☐ No Pork ☐ No Beef ☐ Other							
13) Does the student have an identified disability (IEP or 504 Plan)? ☐ IEP ☐ 504 ☐ No							
14) I consent to the exchange of information between the Healthcare Provider and district/school personnel, as needed.							
Parent / Guardian Signature (required for processing) ☒				Date (MM/DD/YYYY)			
15) Parent/Guardian: It is REQUIRED that this completed form is returned to JCPS Nutrition Services. All further changes to the child's diet must be made by a State licensed healthcare professional on a new form with the exception of cultural/personal preferences. Parents please note: In order for medications to be administered, a parent must complete a "Permission Form for Prescribed or Over-the-Counter Drugs" form for each medication needed at school.							
<i>*Information regarding major allergens and nutrient/carbohydrate information are available for review at http://jcps.nutrislice.com</i>							

PART B COMPLETED BY HEALTHCARE PROVIDER (MD, APRN, PA, DO, LD) ONLY: Complete Items 16 – 21

16) Does the student have a disability, medical condition, or severe food allergy warranting a special diet? ☐ Yes ☐ No	
If "YES", specify disability below. If "no", a special diet is not warranted. A disability is defined as a physical or mental impairment which substantially limits one or more major life activities.	
Disability (specify) _____	
Describe major life activities affected ☐ Eating ☐ Learning ☐ Digestion ☐ Other (specify) _____	
Section 17 below must be completed to identify which foods must be omitted due to the identified disability/condition:	
☐ Food Intolerance ☐ Food Allergy ☐ Life Threatening Food Allergy	
17) Please check all food(s) to omit from the child's meals while at school due to the above noted disability/condition/allergy:	
DAIRY Anaphylactic ☐ Yes ☐ No ☐ All food/beverages with milk listed as an ingredient including baked goods ☐ Cheese and recipes with cheese listed as an ingredient ☐ Yogurt ☐ Fluid Milk. Substitute with ☐ Lactose-Free Milk ☐ Soy Milk ☐ Water	CORN Anaphylactic ☐ Yes ☐ No ☐ Whole corn such as corn kernels, tortilla chips, corn muffin ☐ All food items with corn listed as an ingredient (corn syrup, corn starch, etc.) ☐ All food items with corn derivatives listed as an ingredient (natural flavors, dextrose, etc.)
EGG Anaphylactic ☐ Yes ☐ No ☐ Whole eggs such as scrambled eggs or hard cooked eggs ☐ All food items with egg listed as an ingredient including baked goods	SOY Anaphylactic ☐ Yes ☐ No ☐ All food items with soy listed as a major allergen ☐ All food items with soy listed as an ingredient including soybean oil and soy lecithin
WHEAT / GLUTEN Anaphylactic ☐ Yes ☐ No ☐ All food items with wheat listed as an ingredient ☐ All food items with Gluten (wheat, barley, rye, triticale) listed as an ingredient	FISH OR SHELLFISH Anaphylactic ☐ Yes ☐ No ☐ Fish ☐ Shellfish
PEANUT/TREE NUT/SEED Anaphylactic ☐ Yes ☐ No ☐ Peanuts ☐ Tree Nuts ☐ Sesame Seed	OTHER Anaphylactic ☐ Yes ☐ No ☐ Other (specify if it is a cooked ingredient or when consumed fresh) _____
18) Name of Epinephrine device at school: _____ ☐ None May student carry own Epinephrine device and use on their own? ☐ Yes ☐ No	
19) Food Texture Modifications: Is student allowed to have any food/drink by mouth? ☐ Yes ☐ No Food Texture Modifications that are required due to the noted disability in section #16: ☐ Regular ☐ Pureed ☐ Minced & Moist (Ground) ☐ Soft & Bite-sized (Chopped) Thickened Liquids: ☐ Thin (regular liquids) ☐ Slightly thick ☐ Mildly thick (Nectar) ☐ Moderately thick (Honey) ☐ Extremely thick (Pudding)	
20) Specify other Nutrition Requirements due to documented disability in Section #16: 	
21) Healthcare Provider Information Form will be returned to parent / guardian and NO accommodations will be made if this section is not filled in its entirety.	
Healthcare Provider Signature ☒ Healthcare Provider Printed Name 	Date (MM/DD/YYYY) Medical Office Contact Information (or Stamp if available):



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SPECIAL DIETARY NEEDS/FOOD ALLERGY

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Notes:

JCPS School & Community Nutrition Services – Special Dietary Needs Policy

Students with food allergies, food intolerances, or medical conditions affecting their major life activities or bodily functions have the right to request meal modifications. To make this request, an approved licensed medical authority (MD, APRN, PA, DO, LD) must complete and sign the Special Dietary Needs form, as required by the United States Department of Agriculture (USDA). This form may be found on the JCPS website by searching for “special dietary needs.”

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, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at 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
Mail Stop 9410
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

✉ **Return completed Special Dietary Needs form to:**

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