



City of Brockton

BROCKTON PUBLIC SCHOOLS

Kathleen A. Smith, JD ♦ Superintendent of Schools

Health Service Department, Keith Center
Phone (508) 580-7470 Fax (508) 580-7699

FOOD ALLERGY AND MEDICAL CONDITION REQUEST FORM

Dear Parents and Guardians,

The United States Department of Agriculture (USDA) mandates that school meal programs must accommodate all students with disabilities, this includes food allergies and medical conditions.

In an effort to keep our students safe, our district follows a comprehensive food allergy and medical conditions protocol. Below you will find the seven major steps of our protocol highlighted.

In order to follow the USDA's guidance and accommodate all students in the meal program, we need some information for students with documented food allergies and medical conditions to ensure we are providing a safe and nutritious meal.

Towards this end, I am requesting that you please complete and submit the following information for each student with a 504 plan or an MD note documenting a food allergy and/or medical conditions on the form below:

- Full Name of Student
- Grade Level
- School Attended
- Documented Food Allergy(s) and Medical Conditions
- Foods and Ingredients to omit as a result of food allergy(s) and medical conditions

Please contact me with any questions around this request and our protocol outlined below.

Sincerely,

Linda Cahill RN MSN FNP
Nursing Supervisor
Health Services 222
175 Warren Ave
Brockton MA 02301
Phone: 508-580-7470
Fax: 508-580-7699

Food Allergy and Medical Conditions Protocol



Mission

Chartwells is committed to providing a safe and nurturing environment for students during meal times. We understand the impact that food allergies and medical conditions can have on the life of young people and we commit to strict observance of USDA regulations for accommodating children with special needs. We will also collaborate with school personnel, parents and caregivers, and medical providers to provide a safe food environment.

Goal of the Protocol

The goal of the Chartwells Protocol is to provide instruction and expectations to our staff in order to fulfill our commitment to successfully accommodate children with special dietary needs.

1 Receive Request

2 Gather Information

3 Modify Menu

4 Conduct Training

5 Record Keeping

6 Implement Menu

7 Follow Up & Monitor



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Parent/Guardian Food Allergy Information Request

Student name: _____ Grade: _____

Date of birth: _____ School _____

Please check if your child has a 504 plan, food allergy or medical condition affected by food. Please describe below:

Foods and Ingredients to avoid as a result of food allergy(s) and medical conditions:

Medical documentation from your child's health care provider is required regarding these allergies.

Does your child require an Epi-pen? Yes: _____ No: _____

Please obtain the required medication forms from your school nurse. The licensed prescriber form must be completed and signed by your child's health care provider. A parent/guardian permission form must also be completed and signed. Once these forms are obtained, you need to provide an Epi-pen to the school nurse. This Epi-pen must contain a pharmacy label with child's name on it. An epi-pen is a life-saving medication; therefore it is extremely important that this be provided on the first day of school or as soon as an allergy has been diagnosed.

Please check if you would like to meet with the nursing and nutrition team to formulate a customized meal plan to ensure we are meeting your student's food and nutrition needs.

Thank you for assisting us in keeping your child safe.

Parent/guardian signature: _____ Date: _____