Lowell Public Schools Foodservice

Special Meal Accommodations

MEAL SUBSTITUTIONS FOR MEDICAL OR SPECIAL DIETARY REASONS

USDA Regulation 7 CFR Part 15b requires substitutions or modifications in school meals for children whose disabilities restrict their diets. A child with a disability must be provided substitutions in foods when that need is supported by a signed statement from a licensed physician.

**In Cases of Food Allergy**

Generally, children with food allergies or intolerances do not have a disability as defined under either Section 504 of the Rehabilitation Act or Part B of IDEA, and the school food service may, but is not required to, make food substitutions for them.  However, when in the licensed physician’s assessment, food allergies may result in severe, life-threatening (anaphylactic) reactions, the child’s condition would meet the definition of “disability”, and the substitutions prescribed by the licensed physician must be made.

School food service may make food substitutions, at their discretion, for individual children who do not have a disability, but who are medically certified as having a special medical or dietary need.  Such determinations are only made on a case-by-case basis.  This provision covers those children who have food intolerances or allergies, but do not have life-threatening reactions (anaphylactic reactions) when exposed to the food(s) to which they have problems.

**Medical Statement for Children with Special Dietary Needs**

Each special dietary request must be supported by a statement explaining the requested food substitution and must be signed by a recognized medical authority. The Medical Statement must include:

* An identification of the medical or other special dietary condition which restricts the child’s diet;
* The food or foods to be omitted from the child’s diet; and
* The food or choice of foods to be substituted.

If we do not receive a medical statement from a recognized medical authority, your child will receive a regular lunch tray.  Medical statements completed by parents or guardians will not be accepted.

MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS

Please email [aspooner-gomez@lowell.k12.ma.us](mailto:aspooner-gomez@lowell.k12.ma.us) or [rtedford@lowell.k12.ma.us](mailto:rtedford@lowell.k12.ma.us)

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