



## **FOOD ALLERGY AND MEDICAL CONDITION REQUEST FORM (2022-2023)**

Dear Parents,

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

In an effort to keep our student's safe, Chartwells follows a comprehensive food allergy and medical conditions protocol.

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

Parents, please complete and submit the following information for each student with a 504 plan 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 always refer to Nutrislice via the Stamford Public Schools district website for our interactive menus to filter the top 8 food allergens (peanut, treenut, fish, shellfish, milk, soy, egg, or wheat), as you are your child's greatest advocate and know their dietary needs best. For those requiring further accommodations, please indicate on the attached form so we can discuss your child's individual meal plan and ensure that we are meeting their specific food and nutrition needs.

Please note that food allergies will not be on file within the school meal program from previous school years until the attached form is received by Chartwells for the 2020-2021 school year. The appropriate accommodations cannot take place until the proper documentation is received by Chartwells directly from the parent and medical provider.

Sincerely,  
Chartwells K12  
Stamford Public Schools



## FOOD ALLERGY AND MEDICAL CONDITION (2022-2023)

### PLEASE COMPLETE AND RETURN TO:

Mail: Stamford Public Schools  
Attn. Chartwells K12  
888 Washington Blvd. 3<sup>rd</sup> fl.  
Stamford, CT 06901

Email: [KSmith4@StamfordCT.gov](mailto:KSmith4@StamfordCT.gov)

Fax: (203) 977-4769

Full name of student: \_\_\_\_\_

Grade Level: \_\_\_\_\_ School: \_\_\_\_\_

Documented Food Allergy(s) and Medical Conditions: \_\_\_\_\_

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

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Is a food substitution or modified menu required? ☐ YES ☐ NO

As per Chartwells protocol, reasonable modifications can begin once this form along with a written request signed by the student's physician or medical provider stating the food allergy(s) and/or need for meal modifications is received by Chartwells.

### Parent/Caregiver contact information

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_