Monroe Township Board of Education

School Nutrition Program

Monroe Township Middle School
1629 Perrineville Road
Monroe Township, NJ 08831

PHONE: 732-521-6042 Ext. 2042
FAX: 732-521-5484

Dear Parent or Guardian,

USDA, the governing agency for the National School Lunch Program, has issued rules concerning milk substitutes (such as juice) for students with non-disabling conditions. The regulation applies to students without disabilities. Lactose intolerance or milk sensitivity does not meet the definition of a disability in the USDA programs. The regulation recognizes the valuable contribution of milk to a child's diet and, therefore, does not allow a school to offer beverages, such as juice, to substitute for milk in the school meal programs.

The only milk substitutes allowed under this rule for students without disabilities are non-dairy beverages that meet the established nutrient requirements. Non-dairy beverages offered as fluid milk substitutes must be nutritionally equivalent to fluid milk, which means they must provide specific levels of calcium, protein, vitamins A and D, magnesium, phosphorus, potassium, riboflavin, and vitamin B-12.

The school food service program will make available lactose-free milk in half pint cartons as part of the lunch program at no additional charge to those students who have provided documentation that they are lactose intolerant or milk sensitive**. To request lactose-free milk for your student, please complete Attachment A** of this letter and return it to your school nurse.

If your child has a disability (such as an allergy to milk, which is an allergic reaction to the milk protein), a diet order from a Physician, a Nurse Practitioner or Physician Assistant is required. **Attachment B should be completed when a child has a disabling allergy to milk**. Diet orders typically will include all potential sources of milk in the student's diet, not just fluid milk (i.e., cheese and milk by-products such as casein/whey) These orders from a medical professional, for disabling conditions, must answer a series of questions in order to be implemented by the school.

The diet order must:

- Identify the disability.
- Explain why the disability restricts the child's diet.
- Address the major life activity affected by the disability.
- List the food or foods to be omitted from the child's diet and the food or choice of foods that must be substituted.
- Indicate the food texture.

If you have questions or need further explanation regarding his letter, please contact me at 732-521-6042, Ext. 2042.

Sincerely,

Cindy Sue Schaller
Food Service Director

Attachment A.

Accommodation for Lactose Intolerance or Milk Sensitivity with Lactose-Free Milk Substitution

The School Nutrition Program requires a signed diet order for the conditions known as lactose intolerance or milk sensitivity for your student. The substitute that our school district provides is lactose-free milk.

Please fill in the form below, indicating that you would like lactose-free milk as a substitution for your student, and return it to the cafeteria manager at your school.

Student Name_____

Student Lunch ID Number_____

Student's School_____

_____
Parent/Guardian Signature

_____
Printed Parent/Guardian Name

_____
Date

Please return to your Student's School Nurse
Email:
Fax:

MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS

1. School Name	2. School Phone Number	3. Student's Grade
4. Name of Student		5. Age of Student
6. Name of Parent or Guardian		7. Phone Number

8. Description of Student's Physical or Mental Impairment Affected:

9. Disability or Medical Condition Requiring a Special Meal or Accommodation:

10. Explanation of Diet Prescription and/or Accommodation to Ensure Proper Implementation:

11. Indicate Food Texture for Above Student:

☐ **Regular** ☐ **Chopped** ☐ **Ground** ☐ **Pureed**

12. Foods to be Omitted and Appropriate Substitutions:

Foods To Be Omitted	Suggested Substitutions

13. Adaptive Equipment to be Used:

14. Signature of State Licensed Healthcare Professional*	15. Printed Name	16. Phone Number	17. Date

***For this purpose, a state licensed healthcare professional in New Jersey is a licensed physician, a physician assistant, or a nurse practitioner. The information on this form should be updated to reflect the current medical and/or nutritional needs of the participant.**

INSTRUCTIONS

1. **School Name:** Print the name of the school that is providing the form to the parent or guardian.

2. **School Phone Number:** Print the name of the school where meals will be served.

3. **Grade of Student:** Print the grade of the student.

4. **Name of Student:** Print the name of the student to whom the information pertains.

5. **Age of Student:** Print the age of the student.

6. **Name of Parent or Guardian:** Print the name of the person requesting the student's medical statement.

7. **Phone Number:** Print the telephone number of parent or guardian.

8. **Description of Student's Physical or Mental Impairment Affected:** Describe how the physical or mental impairment restricts the Student's diet.

9. **Disability or Medical Condition Requiring a Special Meal or Accommodation:** Describe the medical condition that requires a special meal or accommodation (e.g., allergy to peanuts, diabetes, life threatening allergic reaction, etc.)

10. **Explanation of Diet Prescription and/or Accommodation to Ensure Proper Implementation:** Describe the specific diet or accommodation that has been prescribed by the state healthcare professional.

11. Indicate **Texture:** If the participant does not need any modification, check "Regular."

12. **Foods to be Omitted:** List specific foods that must be omitted (e.g., exclude fluid milk).
Suggested Substitutions: List specific foods to include in the diet (e.g., calcium-fortified juice).

13 **Adaptive Equipment to be Used:** Describe specific equipment required to assist the child with dining (e.g., sippy cup, large handled spoon, wheel-chair accessible furniture, etc.).

14. **Signature of State Licensed Healthcare Professional:** Signature of NJ state licensed healthcare professional requesting the special meal or accommodation. NJ licensed physician, a Physician Assistant or a Nurse Practitioner.

15. **Printed Name:** Print name of state licensed healthcare professional, NJ licensed Physician, a Physician Assistant or a Nurse Practitioner.

16. **Phone Number:** Telephone number of state licensed healthcare professional.

17. **Date:** Date state licensed healthcare professional signed form.

Citations are from Section 504 of the Rehabilitation Act of 1973, Americans with Disabilities Act (ADA) of 1990, and ADA Amendment Act of 2008:

A person with a disability is defined as any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment.

Physical or mental impairment means (a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory; speech; organs; cardiovascular; reproductive, digestive, genito-urinary; hemic and lymphatic; skin; and endocrine; or (b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

Major bodily functions have been added to major life activities and include the functions of the immune system; normal cell growth; and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

"Has a record of such an impairment" means a person has, or has been classified (or misclassified) as having, a history of mental or physical impairment that substantially limits one or more major life activities.