

## Students

### Food Allergy Management Program

School attendance may increase a student's risk of exposure to allergens that could trigger a food-allergic reaction. A food allergy is an adverse reaction to a food protein mediated by the immune system which immediately reacts causing the release of histamine and other inflammatory chemicals and mediators. While it is not possible for the District to completely eliminate the risks of exposure to allergens when a student is at school, a Food Allergy Management Program using a cooperative effort among students' families, staff members, and students helps the District reduce these risks and provide accommodations and proper treatment for allergic reactions.

The Superintendent or designee shall develop and implement a Food Allergy Management Program that:

1. Fully implements the following goals established in the School Code: (a) identifying students with food allergies, (b) preventing exposure to known allergens, (c) responding to allergic reactions with prompt recognition of symptoms and treatment, and (d) educating and training all staff about management of students with food allergies, including administration of medication with an auto-injector, and providing an in-service training program for staff who work with students that is conducted by a person with expertise in anaphylactic reactions and management.
2. Follows and references the applicable best practices specific to the District's needs in the joint State Board of Education and Ill. Dept. of Public Health publication *Guidelines for Managing Life-Threatening Food Allergies in Schools*, available at:  
[www.isbe.net/nutrition/pdf/food\\_allergy\\_guidelines.pdf](http://www.isbe.net/nutrition/pdf/food_allergy_guidelines.pdf).
3. Complies with State and federal law and is in alignment with Board policies.

LEGAL REF.: 105 ILCS 5/2-3.149 and 5/10-22.39.  
*Guidelines for Managing Life-Threatening Food Allergies in Schools (Guidelines)*, jointly published by the State Board of Education and Ill. Dept. of Public Health.

CROSS REF.: 4:110 (Transportation), 4:120 (Food Services), 4:170 (Safety), 5:100 (Staff Development Program), 6:120 (Education of Children with Disabilities), 6:240 (Field Trips), 7:250 (Student Support Services), 7:270 (Administering Medicines to Students), 8:100, (Relations with Other Organizations and Agencies)

ADOPTED: February 8, 2012

**Danville District #118**

**Child Nutrition Programs  
PHYSICIAN STATEMENT FOR FOOD SUBSTITUTION**

CHILD'S NAME	AGE	DATE
SCHOOL/FACILITY NAME	ADDRESS (Street, City, State, Zip Code)	

Parent/Guardian:

This school/facility participates in a federally-funded Child Nutrition Program and any meals, milk, and snacks served must meet program requirements. Reasonable food accommodations must be made when the accommodation requested is due to a disability and supported by a physician's statement. Reasonable food accommodations may be made for children without disabilities who may still have special dietary needs; a medical statement may be required. If you are requesting a meal accommodation or substitution, please ask your physician to complete and sign this form. If you have any questions, please contact \_\_\_\_\_  
 at \_\_\_\_\_ Name  
*Telephone (include Area Code)*

**PHYSICIAN STATEMENT**

1. Does child have a disability according to 7 CFR Part 15d that requires food accommodation? (*Does he/she have a "physical or mental impairment which substantially limits one or more major life activities"?*)
  - No      **If no, go to item 2 below.**
  - Yes      **If yes, provide the following information and complete items 3, 4, and 5 below.**
    - a. What is the disability? \_\_\_\_\_
    - b. What major life activity is affected? \_\_\_\_\_
    - c. How does the disability restrict the diet? \_\_\_\_\_
  
2. Child has no disability but requires a special diet. Identify medical problem which restricts the child's diet and complete items 3, 4, and 5 below.
  
3. List food/type of food to be omitted. For the safety of the child, please be as specific as possible. A menu may also be developed and attached.
  
4. List food/type of food to be substituted. For the safety of the child, please be as specific as possible. A menu may also be developed and attached.
  
5. \_\_\_\_\_  
*Date*
*Signature of Physician*

**FOR OFFICE USE ONLY:**

Form received on \_\_\_\_\_.

Form incomplete. Parent contacted on \_\_\_\_\_.

Form complete. Accommodation will not be made.       Child does not have a disability       Request not reasonable

Form complete. Accommodations will begin on \_\_\_\_\_.

\_\_\_\_\_ \_\_\_\_\_  
*Date* *Signature of Food Service Director/Contact*