

# **New Albany Floyd County Consolidated School Corporation**

Food & Nutrition Services – 2801 Grant Line Road – New Albany, IN 47150 – (812)542-4703

## **Students with Lactose Intolerance or Non-Life Threatening Milk Allergy**

2019/2020

Dear Parent or Guardian,

The USDA has made recent changes to the policies regarding “fluid milk substitutions” for non-disability students participating in the National School Breakfast and Lunch Programs. In the past, juice or bottled water was an allowable substitute for milk, but now only an USDA approved product that meets the Milk Substitute Nutrition Standards may be offered and only requires a written request by the parent.

As per USDA regulations, New Albany Floyd County Schools may offer the following milk substitutions:

- Lactose Intolerance: Lactaid® (lactose reduced milk)
- Non-Life Threatening Milk Allergy: Pearl® Organic Soymilk

Food & Nutrition Services offers choices to students and there is a wide variety of fruits and vegetables every day. Because our school division participates in a provision called *offer versus serve*, students can choose not to take milk with their meal as long as they have taken at least three (3) other components of the meal such as a meat/meat alternate, breads/grains and fruit/vegetables. Meals are required to be priced as a unit, so there is no reduction in meal price if at least three (3) of the components are chosen. Students do not have to take either milk substitute and may opt to bring a non-carbonated beverage from home, access the cafeteria drinking fountain or purchase a drink ala carte from the school cafeteria.

A form has been enclosed for your convenience. Please complete the request form and return to your school's nurse.

Thank you for your child's participation in the Breakfast and Lunch Programs at New Albany Floyd County Schools. Please feel free to call the Food & Nutrition Services 812-542-4703 or Coordinator of Health Services 812-542-2287, if you have questions or comments.

Respectfully,

Pamela A. Casey, SNS, FMP  
Director of Food & Nutrition Services

Andrea Tanner, MSN, RN  
Coordinator of Health Services

# New Albany Floyd County Consolidated Schools

## Students with Lactose Intolerance or Non-Life Threatening Milk Allergy

### 2019-2020 Parent/Guardian Request for Lactose Reduced Milk or Soymilk

Name of Student:	Grade:	Homeroom:
School Student Attends:		
Name of Parent/Guardian:		
Daytime Telephone Number:	Evening Telephone Number:	
<p><b>Check <u>ONLY</u> one:</b></p> <p><b>Lactose Intolerance:</b>  <input type="checkbox"/> Yes, Please provide Lactaid®*      <input type="checkbox"/> No, I will provide a beverage for my child</p> <p><b>Milk Allergy:</b>  <input type="checkbox"/> Yes, Please provide Pearl® Soymilk*      <input type="checkbox"/> No, I will provide a beverage for my child</p> <p><i>*Please note that the school food authority has the discretion to select a specific brand which meets USDA required nutritional content and products are subject to change.</i></p> <p><i>This form is NOT intended for students that meet the definition of "disability" as described on the reverse side of this form. If your child meets the definition you will need to complete a "Medical Referral For Modified Meals" for students with a disability.</i></p>		
<p><b>I certify that the above listed student does not have a disability, but is requesting a fluid milk substitute due to a medical or other special dietary need. This form is not intended to accommodate students who do not drink cow's milk due to taste or other preferences. This written statement will remain in effect until the parent or legal guardian revokes such statement or until the school discontinues the fluid milk substitute option. School districts and agencies participating in the Federal Nutrition Program are encouraged, but not required to accommodate non-disability students and are not permitted to substitute juice or water in place of fluid milk.</b></p>		
_____		_____
<b>Parent Signature</b>		<b>Date</b>

This form should be updated annually to reflect the current medical and/or nutritional needs of the student.

Non-discrimination Statement: In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800)795-3272 or (202)720-6382 (TTY). USDA is an equal opportunity provider and employer.

*Date copy given to: School Nurse \_\_\_\_\_ Food Services \_\_\_\_\_ Teacher \_\_\_\_\_*

## **Definition of Disability:**

**Federal regulations governing the Child Nutrition Programs provide that schools must make substitutions in breakfasts, lunches and afterschool snacks for students who are considered to have a disability and whose disability restricts their diet.**

Under Section 504 of the *Rehabilitation Act of 1973*, and the *Americans with Disabilities Act (ADA)* of 1990, a "person with a disability" means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment. The term "physical or mental impairment" includes, but is not limited to, such diseases and conditions as:

- orthopedic, visual, speech, and hearing impairments
- cerebral palsy
- epilepsy
- muscular dystrophy
- multiple sclerosis
- cancer
- heart disease
- metabolic diseases, such as diabetes or phenylketonuria (PKU)
- food anaphylaxis (severe food allergy)
- mental retardation
- emotional illness
- drug addiction and alcoholism
- specific learning disabilities
- HIV disease
- tuberculosis.

The *Individuals with Disabilities Education Act (IDEA)* means a child evaluated in accordance with IDEA as having one or more of the recognized thirteen disability categories and who, by reason thereof, needs special education and related services. IDEA recognizes thirteen disability categories which establish a child's need for special education and related services. These disabilities include:

- autism
- deaf-blindness
- deafness or other hearing impairments
- mental retardation
- orthopedic impairments
- other health impairments due to chronic or acute health problems, such as asthma, diabetes, nephritis, sickle cell anemia, a heart condition, epilepsy, rheumatic fever, hemophilia, leukemia, lead poisoning, tuberculosis
- emotional disturbance
- specific learning disabilities
- speech or language impairment
- traumatic brain injury
- visual impairment, including blindness which adversely affects a child's educational performance
- multiple disabilities
- attention deficit disorder or attention deficit hyperactivity disorder may fall under one of the thirteen categories. Classification depends upon the particular characteristics associated with the disorder and how the condition manifests itself in the student, which will determine the category.

The Individualized Education Program or IEP means a written statement for a child with a disability that is developed, reviewed, and revised in accordance with the IDEA and its implementing regulations. The IEP is the cornerstone of the student's educational program that contains the program of special education and related services to be provided to a child with a disability covered under the IDEA.

**Please refer to the Acts noted above for a more detailed explanation. Major life activities covered by this definition include caring for one's self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, sitting, thinking, concentrating, learning, interacting with others, reading, standing, lifting, bending, and working.**