

**FOOD ALLERGY FORM LINCOLN PUBLIC SCHOOLS**

**CHARTWELLS FOOD SERVICE**

Dear Parents:

In an effort to keep all students with allergies as safe as possible while in school, the Lincoln School Department will be following the Chartwells Food Service allergy program as part of the USDA protocol. (See below)

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 students safe, Chartwells follows a comprehensive food allergy 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 to ensure that we are providing a safe and nutritious meal.

Any student with a documented allergy will have their name and allergy information given to Chartwells; this information will be added to their computer program on a yearly basis. When your child swipes their card or enters their ID number, an alert will show on the computer with the allergen. This is one extra step to prevent a severe life threatening allergic reaction in school.

If you have any questions, please contact Danielle Landry, Director of Dining Services, at 401-721-3499. Mail: Email: Lincoln Public Schools danielle.landry@compass-usa.com Attention: Chartwells K12 152 Jenckes Hill Rd Lincoln, RI 02865. Thank you.

Your child's name; \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

(PRINT)

Choose one from the checklist below.

My child has **no food** allergies to report. Parent signature \_\_\_\_\_

Yes. Please include my child's food allergy information to Chartwells allergy protection program.

Food allergy: \_\_\_\_\_

Treatment: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print Parent/Guardian name: \_\_\_\_\_

If you **DO NOT** want your child in this program, please sign and date this form and return to your child's school principal.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Parent/Guardian Name: \_\_\_\_\_

Please return this form to your school at your earliest convenience. Thank you

