



**Food Allergy Form**  
**Lincoln Public Schools**  
**Chartwells Food Service**

Dear Parents,

In an effort to keep all students with allergies safe as possible while in school, the Lincoln School Department will be following the Chartwells Food 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. To keep our students 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 documents food allergies and medical conditions to ensure that we are providing a safe and nutritious meal.

Any students 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 your child does not have an allergy, please disregard this notice. No further action is required.**

If you have any questions please contact Mariah Perez, Director of Dining Services, at 401 334 7532. Mail: Lincoln Public Schools, ATTN Chartwells K12, 135 Old River Rd. Lincoln, RI 02865  
Email: [mariah.perez@compass-usa.com](mailto:mariah.perez@compass-usa.com)

Your Child's Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Choose one from the checklist below:

Yes. Please include my child's food allergy information to Chartwells Allergy Protection Program. *Fill in the information below.*

Yes. My child has a Gluten Intolerance/Celiac Disease. **Please submit a signed doctors note yearly for this allergy.** *Fill in the information below.*

Food Allergy: \_\_\_\_\_

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

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

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

If you DO NOT want your child in this program for allergies, please sign and date below.

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

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

**Please return this form at your earliest convenience by mailing to the address above. Thank you.**