



Allen ISD Student Nutrition Services Disability / Severe Food Allergy Request Form Instructions

1. **Students with disabilities as defined under Section 504 of the Rehabilitation Act of 1973, the American Disabilities Act of 1990 (ADA), the Education of the Handicapped Act (IDEA) and students with a physician's assessment of food allergies that may result in a severe, life-threatening (anaphylactic) reaction will be accommodated regarding special diets as specified by a licensed physician.**
2. Students with disabilities and/or life threatening food allergies requiring meal modifications must provide a statement that explains the need. It must be signed by a recognized medical authority (physician, physician assistant or advanced practice nurse). Under no circumstances are Food & Nutrition Services Staff allowed to revise or change a diet prescription or medical order.
3. Section A of Disability / Severe Food Allergy Request Form is to be filled out only by medical authority for menu substitutions and modifications. Section B requesting milk substitution does not require medical authorization.
4. Parent/legal guardian is responsible for providing the required documentation for such requests. To assist in the continuity of student care, after completing the disability/severe food allergy request form, please **return to student's school nurse**. A copy will be sent to the Student Nutrition Dietitian.
5. Parent/legal guardian will be contacted by Student Nutrition Dietitian upon approval/denial of a disability/severe food allergy request. Incomplete and unsigned forms will not be accepted.
6. The school cafeteria manager will be notified upon processing.
7. To better serve our students, the parent/legal guardian is responsible for completing a new form whenever changes occur (including switching to a different school within the district during the school year, returning to the district, medical or health changes, etc.)
8. AISD will provide menu and nutrition information on the AISD website for parents with children that have special dietary needs.

*** It is the responsibility of the parent to review the menu and communicate to their child regarding what food choices they can and cannot have daily. A copy of the menu is available at the schools and online at (www.allenisd.org). ***



**AISD Food & Nutrition Services
Disability / Severe Food Allergy Request Form**

Student's Name: _____ ID #: _____
LAST NAME FIRST NAME MIDDLE INITIAL

School: _____ Grade: _____ Date of Birth: _____

Section A *To Be Completed Only by Physicians, Physician Assistants or Advanced Practice Nurses *

Section A: Does the student have a disability or a food allergy that results in severe or life threatening (anaphylactic) reaction? (please circle yes or no) *If yes,*

	Yes	No
1. List the disability or food allergy that causes anaphylaxis: _____		
2. Explain why the disability restricts the child's diet: _____ _____		
3. Describe the major life activities affected by the disability: _____ _____		
4. If any, list foods to be omitted and the foods to be substituted: Omit: _____ Substitute: _____		

List foods that need the following change in texture. If all foods need to be prepared in this manner, indicate "ALL".

Chopped/Bite Size Pieces: _____

Finely Ground: _____

Pureed: _____

List any special equipment or utensils that are needed.

Additional comments about the child's eating or feeding patterns:

_____ Name of Physician/Physician Assistant/Advanced Practice Nurse	_____ Telephone Number	_____ Fax Number
_____ Signature of Physician/Physician Assistant/Advanced Practice Nurse	_____ License #	_____ Date

Section B: Milk Substitution Requests do not require medical statement.
 Student requires fluid milk substitution. (This does not include other dairy products such as yogurt or cheese)
AISD offers Soy milk as a substitute for fluid milk. YES NO

I understand that it is my responsibility to submit a new form anytime changes occur (ie. child's medical or health needs changes, switching schools during school year, etc.).

_____ Name of Parent/Legal Guardian	_____ E-mail Address
_____ Signature of Parent/Legal Guardian	_____ Telephone Number _____ Date

Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990, a "person with a disability" is any person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment or is regarded as having such an impairment.

Children with food allergies or intolerances do not have a disability as defined under either Section 504 of the Rehabilitation Act or Part B of IDEA. Child Nutrition (Food & Nutrition Services) may, but is not required to, make food substitutions for them. - Texas Department of Agriculture, May 2005

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For AISD SN Use Only: Date Received: ___/___/___ Comments: _____
