



**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. Parent/legal guardian is responsible for providing the required documentation for such requests. After completing the disability/severe food allergy request form, please return to:
Allen ISD Service Center
Jeff Caguioa
1451 N. Watters Rd
Allen, TX 75013
Phone: (972) 908-8894
Fax: (214) 383-7498
4. 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.
5. The school nurse and cafeteria manager will be notified upon processing.
6. 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.)
7. 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: _____

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

<p>Does the student have a disability or a food allergy that results in severe or life threatening (anaphylactic) reaction? (please circle yes or no)</p> <p>If Yes,</p> <p>1. List the disability or food allergy that causes anaphylaxis: _____</p> <p>2. Explain why the disability restricts the child's diet: _____</p> <p>3. Describe the major life activities affected by the disability: _____</p> <p>4. If any, list foods to be omitted and the foods to be substituted below:</p> <p>Omit: _____ Omit: _____</p> <p>Complete <u>one</u> of the following: Complete <u>one</u> of the following:</p> <p><input type="checkbox"/> Substitute with menu items that do not contain known allergen or food listed above. <input type="checkbox"/> Substitute with menu items that do not contain known allergen or food listed above.</p> <p align="center">OR</p> <p><input type="checkbox"/> Substitute only _____ for the known allergen or food listed above. <input type="checkbox"/> Substitute only _____ for the known allergen or food listed above.</p>	Yes	No

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

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

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877- 8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

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