



## AISD Student Nutrition 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 is Student Nutrition 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  
Student Nutrition  
Kirsten Reitzammer, MS, RDN  
1451 N Watters Rd.  
Allen, TX 75013  
Phone: (972) 908-8976  
Fax: (214) 383-7489
4. Parent/legal guardian will be contacted by the Nutrition Education Coordinator upon approval/denial of a disability/severe food allergy request.
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](http://www.allenisd.org)). \*\*\*



# AISD Student Nutrition 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 \***

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

**Yes No**

If Yes,

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 below:

Omit: \_\_\_\_\_

Omit: \_\_\_\_\_

Complete one of the following:

Complete one of the following:

Substitute with menu items that do not contain known allergen or food listed above.

Substitute with menu items that do not contain known allergen or food listed above.

**OR**

**OR**

Substitute only \_\_\_\_\_ for the known allergen or food listed above.

Substitute only \_\_\_\_\_ for the known allergen or food listed above.

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

\_\_\_\_\_  
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

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**For AISD SN Use Only:** Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Comments: \_\_\_\_\_