

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:  
Arlington ISD Food & Nutrition Services  
Lorraine Sia, RD, LD  
1206 West Arkansas Lane  
Arlington, TX 76013  
Phone: 682.867.7869  
Fax: 817.459.7657
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, 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.aisd.net](http://www.aisd.net)). \*\*\*

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

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**PART A**

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

<b>Does the student have a disability?</b> If Yes, identify the disability and describe the major life activities affected by the disability. Complete Part B if the student has special nutritional needs affected by the disability.	Yes	No
<b>Does the student have a food allergy that result in severe, life threatening (anaphylactic) reaction?</b> If Yes, list the food that causes anaphylaxis.	Yes	No

**PART B**

List dietary restrictions or special diet (please explain why).  
 \_\_\_\_\_

List food allergies that result in anaphylaxis.  
 \_\_\_\_\_

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.  
 \_\_\_\_\_

Indicate any other comments about the child's eating or feeding patterns.  
 \_\_\_\_\_

_____ Name of Physician/Physician Assistant/Advanced Practice Nurse	_____ Telephone 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, 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 law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800)795-3272 (voice) or (202)720-6382 (TTY). USDA is an equal opportunity provider and employer.

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

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