

1. **Special diet requests will be reviewed and evaluated on a case-by-case basis.** Each special dietary request must be supported by a statement that explains the food substitution that is requested. 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.
  2. **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.**
  3. Parent/legal guardian is responsible for providing the required documentation for such requests. After completing the special diet 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 special dietary request.
  5. The school nurse and cafeteria manager will be notified of the special dietary need(s) 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.)
- \*\*\* If you need the cafeteria manager to help monitor your child's food allergy when they come through the cafeteria line, a complete request form needs to be turned in for the student. 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**

Does the student have a disability? If Yes, identify the child's disability and special nutritional needs affected by the disability.	Yes	No
Does the child have special nutritional or feeding needs? If Yes, complete Part B of this form and have it signed by a licensed physician.	Yes	No
If the child is not disabled, does the child have special nutritional or feeding needs? If Yes, complete Part B of this form and have it signed by a recognized medical authority (physicians, physician assistants, or advanced practice nurses only).	Yes	No

**PART B**

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

List any dietary restrictions or special diet.

List any food allergies that result in severe, life threatening (anaphylactic) reactions.

List any food intolerances to avoid. (ex: lactose intolerant, no milk to drink)

List foods to be substituted, if any. (ex: juice, other dairy products ok)

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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