

Instructions

1. **Students with disabilities as defined under Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA), the Individuals with Disabilities Education 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
1206 West Arkansas Lane
Arlington, TX 76013
Phone: 682.867.7880
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.aisd.net). ***

Student's Name	_____	ID#:	_____
	Last Name First Name MI		
School:	_____	Grade:	_____
		DOB:	_____

*** 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 check 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: _____

<p>Complete ONE of the following:</p> <p><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</p>	<p>Complete ONE of the following:</p> <p><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</p>
--	--

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	Email Address
Signature of Parent/Legal Guardian	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, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or 2. fax: (833) 256-1665 or (202) 690-7442; or 3. email: program.intake@usda.gov This institution is an equal opportunity provider

For AIISD FNS Use Only: Date Received: _____	Comments: _____
---	------------------------