

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 state licensed healthcare professional authorized to write prescriptions.
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 and Nutrition Services Staff allowed to revise or change a diet prescription or medical order.
3. A Parent/legal guardian is responsible for providing the required documentation for such requests. After the healthcare professional and parent have completed the disability/severe food allergy request form on page 2, please email it to nutrition@aisd.net or deliver in person to:

Arlington ISD Food and Nutrition Services
1206 West Arkansas Lane
Arlington, TX 76013 Phone: 682.867.7880
Monday - Friday 8:00am - 4:30pm
4. The 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 (medical or health changes, returning to the district, etc.)
7. AISD provides menu and nutrition information on the AISD website for parents with children that have special dietary needs. For specific questions, please call 682.867.7880.

*** It is the responsibility of the parents to review the menu and communicate to their children regarding what food choices they can and cannot have daily. A copy of the menu is available online at <https://arlingtonisd.nutrislice.com/menu>. ***

Student's Name _____			ID#: _____
Last Name	First Name	MI	
School: _____		Grade: _____	DOB: _____
TO BE COMPLETED BY STATE LICENSED HEALTHCARE PROFESSIONAL AUTHORIZED TO WRITE PRESCRIPTIONS			
Does the student have a disability or a food allergy that results in severe, life threatening (anaphylactic) reaction? (please check yes or no) <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If Yes see, below:</i>			
1. List the medical condition or disability: _____			
2. Explain why the disability restricts the child's diet: _____			
3. Describe the major life activities affected by the disability: _____			
4. If applicable, check all <u>food allergies</u> below to have these foods removed from the student's meals:			
<input type="checkbox"/> Peanuts <input type="checkbox"/> Tree Nuts <input type="checkbox"/> Fish <input type="checkbox"/> Shellfish <input type="checkbox"/> Wheat <input type="checkbox"/> Sesame <input type="checkbox"/> Soy			
<input type="checkbox"/> Fluid Milk (Soy Milk OK) <input type="checkbox"/> Milk Products (yogurt, cheese, etc) <input type="checkbox"/> All Milk products (including as ingredient in baked goods)			
<input type="checkbox"/> Whole Egg (ex. Scrambled eggs) <input type="checkbox"/> Egg as ingredient in baked goods (ex. Pancake, muffin, biscuit)			
Other food allergies (please be specific): _____			
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: _____			
_____ Name of Physician/Physician Assistant/Advanced Practice Nurse		_____ Clinic Name	
_____ Signature of Physician/Physician Assistant/Advanced Practice Nurse		_____ Date	
<i>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.).</i>			
_____ Name of Parent/Legal Guardian		_____ Email Address	
_____ Signature of Parent/Legal Guardian		_____ Telephone Number	
		_____ Date	
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, 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/ad-3027.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.			
Revised 3-10-2025			
For AISD FNS Use Only: Date Received: _____		Comments: _____	