

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: _____

Complete ONE of the following:

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

Complete ONE of the following:

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

OR

Substitute only _____ for the known allergen or food listed above

OR

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

Email 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 civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication Texas Department of Agriculture – July 18, 2018 Other Operational Issues 19.12 for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877- 8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

For AISD FNS Use Only: Date Received: _____

Comments: _____