

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
Lindsey Gorman, RD, LD
1206 West Arkansas Lane
Arlington, TX 76013
Phone: 682.867.7823
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 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 MIDDLE INITIAL

School: _____ Grade: _____ Date of Birth: _____

*** 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 circle yes or no) If Yes,	Yes	No
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 <u>one</u> of the following: Complete <u>one</u> of the following: <input type="checkbox"/> Substitute with menu items that do not contain known allergen or food listed above. <input type="checkbox"/> Substitute with menu items that do not contain known allergen or food listed above. OR OR <input type="checkbox"/> Substitute only _____ for the known allergen or food listed above. <input type="checkbox"/> 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	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

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For AISD FNS Use Only: Date Received: ___ / ___ / ___ Comments: _____