Lewisville ISD Child Nutrition

FOOD ALLERGY/ DISABILITY SUBSTITUTION REQUEST

PART 1: TO BE COMPLETED BY PARENT/GUARDIAN

Name of School:	Grade Level:	Student ID #
Student Info (printed)		
Last Name:	First Name :	Date of Birth:
Parent/Guardian Info (printed)		
Name:	Relationship to Student:	
Email:	Daytime Phone #:	
Mailing Address:	City:	Zip Code:

I give Lewisville ISD Child Nutrition Program permission to speak with the below named physician or recognized medical authority to discuss the dietary needs described below.

I understand it is my responsibility to renew this form should be child's nutritional needs change.

Parent Signature: _____ Date: _____

PART 2: MUST BE COMPLETED BY STUDENT'S TREATING PHYSICIAN (PLEASE PRINT)

Does the student have an identified disability, food allergy, or food intolerance?

YES Complete PART 2

PART 2: FOOD ALLERGY OR DISABILITY

☐ **SEVERE ALLERGY:** Student has a food allergy that is severe or causes an anaphylactic reaction

☐ **MILD ALLERGY:** Student has a food allergy that is less severe or does not cause an anaphylactic reaction

☐ **FOOD INTOLERANCE:** Student has a food intolerance that requires modifications

Food allergy or Intolerance (check all foods that apply)

☐ **Eggs** ☐ **Peanuts** ☐ **Tree Nuts** ☐ **Milk** ☐ **Shellfish** ☐ **Fish**

☐ **Soy** ☐ **Wheat** ☐ **Corn** ☐ **Other**_____

Can the student consume foods where the allergen is an ingredient in a product? ☐ **Yes** ☐ **No**

(i.e. Can consume eggs in baked goods, but not scrambled eggs or can consume soy oil but not whole soy beans or TVP)

If yes, explain: _____

Foods to omit from diet: _____

Safe food substitutes*: _____

☐ Juice is an acceptable substitute for fluid milk for a milk allergy or intolerance

☐ **DISABILITY:** Student has a disability and requires a special diet or food accommodation. An individual with a disability under Section 504 of the Rehabilitation Act (1973) and the Americans with Disabilities Act (ADA) is a person who has physical or mental impairment that substantially limits one or more major life activities.

Student's Disability:_____

Major life activity affected by the disability (check all that apply):

☐ Breathing ☐ Seeing ☐ Speaking ☐ Performing manual tasks ☐ Learning ☐ Eating

☐ Hearing ☐ Walking ☐ Caring for one's self ☐ Other:_____

Type of Diet: ☐ Regular ☐ Soft Mechanical ☐ Chopped ☐ Blended ☐ Pureed ☐ Liquid: ☐ Clear ☐ Thickened

☐ Other Modification: _____

Foods to omit from diet: _____

Safe food substitutes*: _____

PART 2 CONTINUED: MUST BE COMPLETED BY STUDENT'S TREATING PHYSICIAN (PLEASE PRINT)

Medical Authority Name:		Medical Authority Signature:
Medical Authority Credentials: ☐ MD ☐ DO ☐ PA ☐ NP	Date:	Phone Number:

For Office Use Only:

☐ Recommended to 504 ☐ 504 In Place *Implementation Date:* _____

* The Child Nutrition Department will attempt to accommodate the substitutions as requested but reserves the right to modify the menu based on product availability

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 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: How to File a Complaint, 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