



WHITE SETTLEMENT INDEPENDENT SCHOOL DISTRICT

WSISD Child Nutrition Services

Meal Accommodation/ Food Allergy Request Form

- 1. Students with disabilities are 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. Meal Accommodations will be reviewed and evaluated on a case-by-case basis.** Each special dietary request must be supported by a statement that explains the food substitutions that is requested. It must be signed by a recognized medical authority (physician, physician assistant, or advanced practice nurse). Under no circumstances are Child Nutrition Services or Health Services Staff allowed to revise or change a diet prescription or medical order.
- 3. Non-Life Threatening Food Allergies/ Intolerances.** For these types of food allergies you do not need to complete this form. Send a written and dated note to the school nurse or child nutrition services with what food item(s) (that the school serves) your child is allergic to. We can list the food items on your students account. The cashier will help monitor your child's allergy.
- 4. Milk Allergy:** WSISD does not offer a substitute for cow's milk. A student may purchase bottled water or juice if desired. Drinking water is available at all campuses free of charge. A reimbursable meal consists of 5 components: Protein, Bread, Vegetable, Fruit, and Milk. Three of these components must be on the tray to receive the meal price. The cashier will encourage your student to pick up another item if they have only 2 components on their plate. If the student wishes to only buy one or two components, individual prices will be charged.

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.

A copy of the menu is available at the schools and online at www.wsisd.com.

- 5. Parent/Legal Guardian is responsible for providing the required documentation for meal accommodation requests.** After completing the form, please return to one of the following parties: The Campus Nurse, the Health Services Coordinator (Traci James) at tjames@wsisd.net, or the Child Nutrition Director (Adam Whitten) at adam.whitten@wsisd.net.
- 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, returning to the district, medical or health changes, etc.** The school nurse, cafeteria manager and other necessary staff will be notified of the special dietary need(s) upon processing.

WSISD Child Nutrition Office
8224 White Settlement Road
White Settlement, TX 76108 Phone: 817-367-1310

Meal Accommodation/Food Allergy Request Form

White Settlement ISD Child Nutrition Service

This form may be used by a licensed medical authority to provide a medical statement for a student's medical disability or a special dietary need that warrants a meal accommodation. The form must be completed by the medical authority and signed by both the parent and the medical authority. The reverse side of this form provides additional information on the regulations related to school meal accommodations.

Student's Name: _____ ID # _____
Last Name First Name MI

School: _____ Grade: _____ Date of Birth: _____

Does the student have a medical disability which affects one of the major life functions which necessitates a meal accommodation? Yes _____ No _____

Does the student have a special dietary need that will be helped by a meal accommodation? Yes _____ No _____

****To Be Completed Only by Physicians, Physician Assistant or Advanced Practice Nurses****

List any dietary restrictions or special diet.

List any food allergies that result in severe, life threatening (anaphylactic) reactions.

How does this medical disability or special dietary need impact the student's diet?

What meal accommodation(s) are appropriate to address the student's medical disability or special dietary needs?

Please check the box before applicable meal accommodations and provide a detailed explanation for each checked accommodation.

- Food items or ingredients not to be served:
- Suggested substitutions for food items not served:
- Specific information on portion sizes, texture modifications, or special utensils
- Other

Name of Physician/ Physician Assistant/ Advance Practice Nurse

Telephone Number

Signature of Physician/ Physician Assistant/ Advance Practice Nurse

Date

To be completed by Parent or Guardian:

I understand that it is my responsibility to submit a new physician signed form anytime changes occur concerning health needs or transferring schools. I have reviewed the information on the reverse side of this form.

By signing this form, I acknowledge that the school nurse and child nutrition staff have my permission to exchange health information with any health care provider.

Name of Parent/ Legal Guardian

Email Address

Signature of Parent/ Legal Guardian

Date

Telephone Number