

DISD Food & Nutrition Services Disability / Severe Food Allergy Request Form 2010-2011

- 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:

Duncanville ISD Food & Nutrition Services Crystal Trull, RD 6915 Cedar Ridge Drive Dallas, TX 75236 Phone: 972/708-2328 Fax: 972/708-2690

- 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 with health status
- 7 DISD will provide menu and nutrition information on the DISD 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.duncanvilleisd.org). ***

PART A			
Student's Name	ID #	DOB	
Name of School		Grade Level	
Does the child have a disability? If Yes, describe the major life activities affected by the disability.		Yes	No
Does the child have special nutritional or feeding needs? If Yes, complete Part B of this form and have it signed by a licensed physician.		Yes	No
If the child is not disabled, does the child have special nutritional or feeding needs? If Yes, complete Part B of this form and have it signed by a recognized medical authority.		Yes	No
If the child does not require special meals, the parent can sign at the bottom and return the form to the school food service.			
PART B			
List any dietary restriction or special diet.			
List any allergies or food intolerances to avoid.			
List foods to be substituted.			
List foods that need the following change in texture. If all foods need to be prepared in this manner, indicate "All."			
Cut up or chopped into bite size pieces.			
Finely ground.			
Pureed.			
List any special equipment or utensils that are needed.			
Indicate any other comments about the Childs eating or feeding patterns.			
Parent's Signature: Contact Phone Number:		Date:	
Physician or Medical Authority's Signature		Date:	
Contact Phone Number:]	
Fax Number:			

****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 maior 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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