



Duncanville ISD Food & Nutrition Services
Disability/Severe Food Allergy Form

- 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 Form, please return to:

Duncanville ISD Food & Nutrition Services
Crystal Esquivel, R.D., L.D.
6915 Cedar Ridge Drive
Dallas, TX 75236
Phone: 972/708-2328
Fax: 972/708-2690
- 4 The school nurse and cafeteria manager will be notified upon processing.
- 5 To better serve our students, the parent/legal guardian is responsible for completing a new form whenever changes occur with health status.
- 6 Duncanville ISD will provide menu and nutrition information on the District website for parents with children that have special dietary needs.



**Duncanville ISD Food and Nutrition Services
Disability/Severe Allergy Form**

Student's Name	ID #	DOB	
Name of School		Grade Level	
Does the child have a disability? If Yes, describe the disability and the major life activities affected by the disability.		Yes	No
Does the child have special nutritional or feeding needs? Explain:		Yes	No
If the child is not disabled, does the child have special nutritional or feeding needs? Explain:		Yes	No
Explain why the disability restricts the student's diet			
List all foods to be omitted from the diet.			
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 child's eating or feeding patterns.			
Parent's Signature:		Date:	
Contact Phone Number:		Date:	
Physician or Medical Authority's Signature			
Contact Phone Number:		Date:	
Fax Number:			

Non-Discrimination Statement: In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: program.intake@usda.gov This institution is an equal opportunity provider.