

PART B.

For Students with Disabilities and Life-Threatening (Anaphylaxis) Allergies

The U.S. Department of Agriculture School Meals Program requires that ALL QUESTIONS BE ANSWERED in order for ANY diet modifications or substitutions to be made to school meals.

TO BE COMPLETED BY PHYSICIAN'S OFFICE

SECTION 1.

- A) Does the Child have a Disability or a life-threatening allergy* ?

If no, continue to PART C.

Yes

No

**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.*

- B) The child listed above possesses the following disability or life-threatening allergy: _____

- C) Explanation of why this disability restricts diet.

- D) Major Life Activities affected by the disability/life-threatening allergy (check all that apply):

Caring for one's self Eating Walking Seeing Hearing

Learning Speaking Breathing Performing Manual Tasks

- E) Does the child with the disability have special nutrition or feeding needs?

If Yes, continue to SECTION 2. and have this form signed by a licensed physician.

Yes

No

SECTION 2.

- A) Foods/Beverages to omit: _____

- B) Foods/Beverages to substitute with: _____

- C) Can the student consume foods where the allergen(s) is an ingredient in the food product (for example, eggs are omitted, but eggs as an ingredient in pancakes is allowed?). _____

- D) If allergic to soy, are the following ingredients allowable? Soybean oil (Y / N) Soy Lecithin (Y / N)

- E) If allergic to corn, are the following ingredients allowable? Corn Starch (Y / N) Corn Syrup (Y / N)

- F) Texture Modification, if applicable:

Liquids	<input type="checkbox"/>	Thin	Solids	<input type="checkbox"/>	Mechanical Soft Chopped
	<input type="checkbox"/>	Thickened (Nectar)		<input type="checkbox"/>	Mechanical Soft Ground
	<input type="checkbox"/>	Thickened (Honey)		<input type="checkbox"/>	Pureed
	<input type="checkbox"/>	Thickened (Pudding)			

Please provide additional comments or information as related to diet and/or feeding techniques.

Printed Physician's name

Physician's Signature

Date

Clinic/Facility Name

Phone Number

Fax Number

Pflugerville ISD is not responsible for and cannot guarantee the accuracy of any child's diet. Products stocked by Pflugerville ISD can change due to supplier changes or substitutions or manufacturer's formulation changes. Cafeteria managers and staff are not trained in dietary modifications. Parents are welcome to look at any food ingredient labels or recipes.

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PART C.

For Students without disabilities but with special dietary needs requiring food substitutions or modifications.

Food substitutions or modifications for students with intolerances and allergies; or religious meal modification requests, may be requested on this form, however, the Child Nutrition Department is not required to provide substitutions to students without disabilities or life-threatening (anaphylaxis) allergies. Such determinations are only made on a case-by-case basis.

The U.S. Department of Agriculture School Meals Program requires that ALL QUESTIONS BE ANSWERED in order for ANY diet modifications or substitutions to be made to school meals.

This form must be completed in full and signed by a Recognized Medical Authority (Physician, Physician's Assistant or Advance Nurse Practitioner). For religious meal modification requests, completed form with only Parent or Guardian signature and contact information required.

TO BE COMPLETED BY RECOGNIZED MEDICAL AUTHORITY

(Physician, Physician's Assistant or Advanced Nurse Practitioner Unless Religious Request)

A) Name & describe the food intolerance, allergy or special dietary need:

B) Describe the medical or other special dietary reason for the need for substitution:

C) Foods/Beverages to omit (please be specific):

D) Foods/Beverages to substitute with (please be specific):

E) Can the student consume foods where the allergen is an ingredient in the food product (for example, eggs are omitted, but eggs as an ingredient in pancakes is allowed?) _____

F) Texture Modification, if applicable:

Liquids	<input type="checkbox"/>	Thin	Solids	<input type="checkbox"/>	Mechanical Soft Chopped
	<input type="checkbox"/>	Thickened (Nectar)		<input type="checkbox"/>	Mechanical Soft Ground
	<input type="checkbox"/>	Thickened (Honey)		<input type="checkbox"/>	Pureed
	<input type="checkbox"/>	Thickened (Pudding)		<input type="checkbox"/>	Check only if Religious Exemption/ Request

Please provide additional comments or information as related to diet and/or feeding techniques.

Printed Name of Recognized Medical Authority (Parent or guardian if religious request ONLY)

Signature of Recognized Medical Authority (Parent or guardian if religious request ONLY)

Date

Clinic/Facility Name

Phone Number

Fax Number

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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, audiotope, 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:

1. U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

2. fax:

(833) 256-1665 or (202) 690-7442; or

3. email:

Program.Intake@usda.gov

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