If you have not done so, Please complete the application for Free and Reduced lunch alongside the request for dietary accommidation.

Sheldon ISD Child Nutrition provides nutritious meals to all students, including those who require special dietary accommodations. The Dietary Accommodations Form attached must be completed and signed by a physician before any accommodations can be made to school meals.

As of today, our system shows your student currently does not have a completed Dietary Accommodations Form. Students without a completed and approved form will continue to receive a regular meal tray during this time, no accommodations will be made. We encourage providing your student with breakfast and/or lunch until you are able to return the completed form and approval has been made.

The Child Nutrition Department cannot accept Food Allergy Action Plans or Student Health Questionnaires as documentation. These forms are for the school nurse and do not contain all the USDA/TOA required information for the cafeteria.

If you have any questions, please feel free to contact our Sheldon ISD Child Nutrition Department Dietitian: Dustin Richard Hutcheson.

Phone: 281-727-1439, or by email at DustinHutcheson@sheldonisd.com.

Physician's Request for Dietary Accommodations

All sections must be **COMPLETELY** filled out for this form to be accepted. **School Year:** _____

A. THIS SECTION TO BE COMPLETED BY PARENT / LEGAL GUARDIAN

Student Name (Last, First): _____ **Date of Birth:** ___/___/_____

Campus:_____ **Grade:** _____ **Student ID:** _____

Parent/Guardian Name (please print)**:** _____ **Phone:** _____

Email Address: _____

I give Sheldon ISD Child Nutrition and/or Campus Nurse permission to speak with the Physician listed below to discuss the dietary needs described on this form.

Signature: _____ **Date:** _____

B. PARENT / LEGAL GUARDIAN CAN DECLINE ACCOMMODATIONS BELOW

I, _____(Parent/Guardian) of _____(Student) do not wish to participate in the Food Allergy program. I release Sheldon Independent School District, including its officers and employees, from any liability arising from their negligent acts or omissions that are in any way related to my student's food allergy.

Signature: _____ **Date:** _____

C. THIS SECTION TO BE COMPLETED BY LICENSED PHYSICIAN

Does the child have a disability or anaphylactic/ life threatening food allergy? 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 life activities, has a record of such an impairment or is regarded as having such an impairment.

If yes, please describe the major life activities affected by the disability: _____

Medical Diagnosis: _____

Check Foods to be Omitted: ____ Peanuts ____ Tree Nuts ____ Products produced in a facility containing any nuts

____ Soy ____ All Soy Protein (oil, lecithin, etc.) ____ Whole Eggs (yolk, whites) ____ All Egg Protein (baked goods)

____ Fluid Milk ____ Dairy(cheese,yogurt) ____ All Milk Protein (casein, whey) ____ Fish ____ Shellfish ____ Wheat

____ Other (please be specific): _____

Milk Substitution (for disability/life threatening food allergy): _____ or

____ *check if no milk or substitute is to be provided*

Can the student consume foods when the allergen is an ingredient in the food product? Yes No

(example: whole eggs and scrambled eggs are omitted however egg as an ingredient in pancakes and waffles are allowed)

Explain: _____

Texture Modification

List foods that need the following texture modification. If all foods need to be prepared in this manner, indicate "ALL".

Bite size pieces: Finely chopped: Pureed:

Other (please be specific): _____

Clinic/ Facility Name: _____ Phone: _____

Address: _____

I certify that the above named student needs special dietary accommodations, as described above because of the student's disability and/ or life threatening food allergy or food intolerance/allergy as indicated.

Physician Name (please print): _____ Date: _____

Physician Signature: _____

Send completed form to Child Nutrition Department or school nurse. *Physician request forms **MUST** be renewed each school year. Any change or discontinuation must be submitted in writing by the physician. The Food Services Department may make food substitutions, at their discretion, for individual students who do not have a disability but who are medically certified as having a special medical or dietary need.*

For questions, please contact our Sheldon ISD Child Nutrition Services Dietitian: Dustin Richard Hutcheson. Email: dustinhutcheson@sheldonisd.com or Phone: 281-727-1449.

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), 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.*

Si aún no lo ha hecho, por favor complete la solicitud de almuerzo gratuito y reducido junto con el formulario de solicitud para adaptaciones dietéticas.

El Departamento de Nutrición Infantil de Sheldon ISD proporciona comidas nutritivas a todos los estudiantes, incluidos aquellos que requieren adaptaciones dietéticas especiales. El formulario de adaptaciones dietéticas adjunto debe completarse y firmarse por un médico antes de que se puedan realizar adaptaciones en las comidas escolares.

A fecha de hoy, nuestro sistema muestra que su estudiante actualmente no tiene un formulario de adaptaciones dietéticas completado. Los estudiantes sin un formulario completado y aprobado continuarán recibiendo una bandeja de comida regular durante este tiempo, no se realizarán adaptaciones. Le recomendamos que proporcione desayuno y/o almuerzo a su estudiante hasta que pueda devolver el formulario completado y se haya aprobado.

El Departamento de Nutrición Infantil no puede aceptar Planes de Acción para Alergias Alimentarias ni Cuestionarios de Salud del Estudiante como documentación. Estos formularios son para la enfermera escolar y no contienen toda la información requerida por el USDA/TOA para la cafetería.

Si tiene alguna pregunta, no dude en contactar con nuestro dietista del Departamento de Nutrición Infantil de Sheldon ISD: Dustin Richard Hutcheson.

Teléfono: 281-727-1439, o por correo electrónico a DustinHutcheson@sheldonisd.com.