OFFICE USE ONLY
Date Received:
School #:

Fort Bend ISD Child Nutrition Department

Request for Dietary Accommodations

All fields must be completed. The FBISD Child Nutrition Department shall not accept incomplete forms. Write "n/a" if field not applicable.

PART A: PARENT/LEGAL GUARDIAN	
Student's Name (Please Print):	Student ID #:
DOB (mm/dd/yyyy):	Name of School:
Grade Level:	Teacher Name/Classroom:
Parent(s) Name, (Please Print):	
Parent Phone Number:	Parent E-mail:
Which Meal(s) Will the Student Eat from the School Cafeteria? ☐ Breakfast ☐ Lunch ☐ Usually brings from home	
I give the FBISD Child Nutrition Department permission to speak with my child's physician to discuss dietary needs described below. I have read the Fort Bend ISD Child Nutrition Department Dietary Accommodations Information found on the back of this page.	
Parent Signature:	Date:

PART B: DISABILITY* OR FOOD ALLERGY/INTOLERANCE
LICENSED PHYSICIAN

The following **shall** be completed by a licensed physician.

*Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, a person with "a disability is any person who has a physical or mental impairment that substantially limits one or more life activity", including food allergies and/or intolerances.

Medical Diagnosis:

Explain why the disability restricts the student's diet:

Major Life Activity(s) Affected by Disability (check all that apply):

☐ Caring for self
☐ Manual Tasks
☐ Walking
☐ Hearing
☐ Speaking
☐ Learning & Working
☐ Eating
☐ Breathing
☐ Seeing
☐ Other (please be specific):
_____

Food(s) To Be Omitted (check all that apply):

☐ Peanuts
☐ Shellfish
☐ Tree Nuts
☐ Fluid Milk
☐ Soy
☐ All Dairy
☐ Fish
☐ Egg
☐ Wheat
☐ Sesame
☐ Other (please be specific):
_____

Substitutions: _____
_____
_____

Can the child consume foods when the allergen(s) is listed as an ingredient in the food product? (Example: whole eggs and scrambled eggs are omitted but eggs as an ingredient in pancakes and waffles are allowed) ☐ Yes ☐ No

Explain (please be specific): _____

List any texture modification(s) that need to be made:	Therapeutic Diet Order- list specific prescription:

Medical Authority Signature:	Date:
Medical Authority Name (printed):	Credentials (i.e. MD, PA, NP):
Clinic/ Facility Name:	Phone Number:

Please return to: Fort Bend ISD Child Nutrition Department
Fax: 281-634-1862 attn: Dietitian OR by Email: DLCNDSpecialDiet@fortbendisd.com
Please note that cafeteria managers are unable to process any documents.
See back page of this document for additional information.

Fort Bend ISD Child Nutrition Department Dietary Accommodations Information

DOCUMENTATION

To obtain special diet accommodations for a student, the Fort Bend ISD Child Nutrition Department Request for Dietary Accommodations form shall be completed and signed by a physician or recognized medical authority.

Per the United States Department of Agriculture and Texas Department of Agriculture, the following information is **required** in order to provide accommodations:

Children with Disabilities

Identification of the student as having a disability (physical or mental impairment)
Explanation of why the disability restricts the child's diet
The major life activities affected by the disability
The medical diagnosis
Foods to be omitted
Food or choice of foods that must be substituted

The FBISD Child Nutrition Department shall not accept incomplete forms; please note if documentation received is incomplete or requires further clarification, dietary accommodations shall not begin until all information is provided. Notes written by parents or Request for Dietary Accommodations form without a physician or medical authority's signature are not approved forms of documentation and shall not be accepted. Please note the school nurse will have additional forms that will need to be filled out. 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/TDA required information for the cafeteria.

Changes to existing dietary accommodations and the alert on a student's account shall not be removed or changed without documentation in writing from a parent/guardian or physician. If any accommodation currently in place needs to be removed, the Child Nutrition department requires a completed Dietary Accommodations Discontinuation to be submitted. A new Request for Dietary Accommodations form **does not** need to be submitted each school year **unless** there are any changes.

TIME FRAME

Dietary accommodations may take up to 2-4 weeks to process, especially at the beginning of the school year. Students will continue to receive a regular meal tray during this time.

ALLERGEN INFORMATION

Specific food substitutions shall only be made for students with a disability and/or food allergy as listed by the physician.

Fort Bend ISD Child Nutrition Department does not monitor allergens for any a la carte purchases made by students.

Although the Fort Bend ISD Child Nutrition Department attempts to be completely nut-free, some products may carry an advisory statement such as "processed in facility" or "may contains…". Therefore, the department is Nut-Cautious and please refer to the allergen chart posted online for specific product details. http://www.fortbendisd.com/Page/218

Fort Bend ISD Child Nutrition Department makes every attempt to identify ingredients that may cause reactions in people with food allergies. Allergen information posted is based on information that Fort Bend ISD Child Nutrition Department currently has on file. Allergen information is subject to change based on manufacturers and Fort Bend ISD is not always notified of these changes.

SCHOOL MEAL INFORMATION

Vegetarian Meals are offered daily.
Potable water (non-bottled) is available daily in all cafeterias at no charge.
Students in grades 1-12 participate in "Offer vs. Serve" and are required to select three components, including a vegetable or fruit, as part of their reimbursable meal. All other components are selected at the discretion of the student.

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, religious creed, disability, age, political beliefs, 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, etc.), 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: http://www.ascr.usda.gov/complaint_filing_cust.html, 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.