LISD Child Nutrition Department
FOOD ALLERGY/DISABILITY SUBSTITUTION REQUEST FORM

Form is to be completed by an authorized medical professional. Return completed copy to the Child Nutrition Office.

Mailing Address: 1565 B W. Main St., Lewisville, TX 75067 Fax #: 214-626-1860

Information submitted to Health Services at enrollment is NOT received by the Child Nutrition Department. This includes food allergies and intolerances. A completed Food Allergy/Disability Substitution Request Form is the ONLY record the Child Nutrition Department receives and uses to document any special dietary needs.

PART 1: TO BE COMPLETED BY PARENT/GUARDIAN

Student's Name:	Student ID #:	
School:	Grade Level:	DOB:
Parent/Guardian Name:	Relationship to Student:	
Email:	Daytime Phone #:	
Mailing Address:	City:	Zip Code:

Which meal(s) will your student be eating from the school cafeteria? ☐ Breakfast ☐ Lunch ☐ After School Snack

PART 2: MUST BE COMPLETED BY STUDENT'S TREATING PHYSICIAN (PLEASE PRINT)

Does the student have an identified disability, food allergy, or food intolerance requiring a special diet?

If YES: Complete PART 2 ⬇ **If NO: A special diet is not required**

☐ **SEVERE ALLERGY:** Student has a food allergy that is severe or causes an anaphylactic reaction

☐ **MILD ALLERGY:** Student has a food allergy that is less severe or does not cause an anaphylactic reaction

☐ **FOOD INTOLERANCE:** Student has a food intolerance that requires a modified diet

☐ **DISABILITY:** Student has a disability that requires a modified diet

Please choose foods to omit from a student's diet during the school day (select all that apply).

Dairy
- ☐ Lactose Intolerance
- ☐ Fluid Dairy Milk Only
- ☐ All Plain Dairy Products Only (milk, cheese, yogurt, ice cream)
- ☐ All menu items with dairy as an ingredient
- ☐ Juice is an acceptable substitute for fluid milk for a milk allergy or intolerance

Eggs
- ☐ Whole Eggs Only (i.e. scrambled, hard-boiled)
- ☐ All menu items with eggs as an ingredient

Soy
- ☐ Soy protein only
- ☐ Soybean oil only
- ☐ All menu items with soy ingredients (incl. soy lecithin, oil)

Nuts
- ☐ Peanuts
- ☐ Tree Nuts

Fish/Shellfish
- ☐ Fish
- ☐ Shellfish

Wheat/Gluten
- ☐ All menu items with wheat as an ingredient
- ☐ Celiac

☐ **Other:** Please Specify: _____

☐ **Texture Modification:** Please Specify (blended, chopped, thickener, etc): _____

I certify that the above named student requires food substitutes as described above due to their disability, food allergy, or food intolerance.

Medical Authority Name (Printed): Phone Number:

Medical Authority Signature: Date:

The Child Nutrition Department will attempt to accommodate the substitutions as requested but reserves the right to modify the menu based on product availability