

Lewisville ISD Child Nutrition
FOOD ALLERGY/ DISABILITY SUBSTITUTION REQUEST

PART 1: TO BE COMPLETED BY PARENT/GUARDIAN

Name of School:	Grade Level:	Student ID #
<i>Student Info (printed)</i>		
Last Name:	First Name :	Date of Birth:
<i>Parent/Guardian Info (printed)</i>		
Name:	Relationship to Student:	
Email:	Daytime Phone #:	
Mailing Address:	City:	Zip Code:
I give Lewisville ISD Child Nutrition Program permission to speak with the below named physician or recognized medical authority to discuss the dietary needs described below. I understand it is my responsibility to renew this form should be child's nutritional needs change.		
Parent Signature: _____		Date: _____

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

Does the student have an identified disability and/or life threatening allergy?
 YES **Complete PART 2A** ↓ NO **Complete PART 2B (reverse side)** →

PART 2A: SEVERE LIFE THREATENING FOOD ALLERGY OR DISABILITY

LIFE THREATENING ALLERGY: Student has a food allergy that is life-threatening/anaphylactic reaction
Life threatening allergy (check all foods that apply)

<input type="checkbox"/> Eggs	<input type="checkbox"/> Peanuts	<input type="checkbox"/> Tree Nuts	<input type="checkbox"/> Milk	<input type="checkbox"/> Shellfish	<input type="checkbox"/> Fish
<input type="checkbox"/> Soy	<input type="checkbox"/> Wheat	<input type="checkbox"/> Corn	<input type="checkbox"/> Other _____		

Can the student consume foods where the allergen is an ingredient in a product? Yes No
 (i.e. Can consume eggs in baked goods, but not scrambled eggs or can consume soy oil but not whole soy beans or TVP)
If yes, explain: _____

Foods to omit from diet: _____
 Safe food substitutes*: _____

DISABILITY: Student has a disability and requires a special diet or food accommodation. An individual with a disability under Section 504 of the Rehabilitation Act (1973) and the Americans with Disabilities Act (ADA) is a person who has physical or mental impairment that substantially limits one or more major life activities.

Student's Disability: _____

Major life activity affected by the disability (check all that apply):

<input type="checkbox"/> Breathing	<input type="checkbox"/> Seeing	<input type="checkbox"/> Speaking	<input type="checkbox"/> Performing manual tasks	<input type="checkbox"/> Learning	<input type="checkbox"/> Eating
<input type="checkbox"/> Hearing	<input type="checkbox"/> Walking	<input type="checkbox"/> Caring for one's self	<input type="checkbox"/> Other: _____		

Type of Diet: Regular Soft Mechanical Chopped Blended Pureed Liquid: Clear Thickened

Other Modification: _____

Foods to omit from diet: _____
 Safe food substitutes*: _____

Medical Authority Name:	Medical Authority Signature:
Medical Authority Credentials: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PA <input type="checkbox"/> NP	Date: _____
Phone Number: _____	

For Office Use Only:
 Recommended to 504 504 In Place *Implementation Date:* _____

PART 2B: Non-Life Threatening Food Allergy/Intolerance

The Child Nutrition Department will work with students and their families to provide information on menu selections and ingredients, but does not make menu accommodations for food intolerances or allergies that are non-life threatening.

Allergy/Intolerance(check all foods that apply)

- Eggs Peanuts Tree Nuts Milk Shellfish Fish
 Soy Wheat Corn Other _____

Can the student consume foods where the allergen is an ingredient in a product? Yes No

(i.e. Can consume eggs in baked goods, but not scrambled eggs or can consume soy oil but not whole soy beans or TVP)

If yes, explain: _____

Medical Authority Name: _____ Medical Authority Signature: _____

Medical Authority Credentials: MD DO PA NP Date: _____ Phone Number: _____

For Office Use Only:
 Recommended to 504 504 In Place *Implementation 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

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Persons with disabilities who wish to file a program complaint, please see information above on how to contact us by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

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