



Food Allergy/Disability Menu Substitution Request

This form must be filled out completely BEFORE any dietary modifications can be made.

- New Dietary Request
 Change/modify an Existing Special Diet Request
 Discontinue Modified Diet

To be filled out by Parent/Guardian

Child's Name:		Date of Birth:
Student's ID Number:	Student's School:	Student's Grade:
I understand it is my responsibility to renew this form before each school year and anytime my child's medical needs change and also give permission for Eagle Mountain Saginaw ISD to contact the Physician's Office regarding my Child's Dietary Needs. To remove restrictions from this student's account: A note signed by the student's physician stating that he/she no longer requires the restriction must be submitted to the child nutrition department. For dietary modifications to made, the diagnosis must be categorized as a disability affecting a major life activity.		
Parent/Guardian Signature:		Date:

To be filled out by Medical Authority

Diagnosis or other special dietary condition which restricts diet:		
Does the child have a disability? <i>Definition of Disability: 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.</i> <i>The term "physical or mental impairment" includes many diseases and conditions, a few of which may be orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, metabolic diseases, such as diabetes or PKU, food anaphylaxis (severe food allergy), mental retardation, emotional illness, drug addiction and alcoholism, specific learning disabilities, HIV disease and tuberculosis.</i> <i>Major life activities covered by this definition include caring for one's self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and walking.</i> <i>When nutrition services are required under a child's IEP, school officials need to make sure that child nutrition staff are involved early on in the decisions regarding special meals.</i>	Yes	No
If yes, describe the major life activities affected by the disability and why the disability restricts the child's diet.		
Does the child have special nutritional or feeding needs? If yes, completed the information below.		Yes No
List Allergen(s)/Intolerance:	List Foods to be Omitted:	List Foods to be Substituted:
Does the allergen(s) cause a life-threatening/anaphylactic reaction? If so, list allergen(s) causing life-threatening/anaphylactic reaction.		Yes No
Texture Modification Required? If yes, answer questions below.		Yes No
<i>Liquid modification:</i> <input type="checkbox"/> Liquid <input type="checkbox"/> Honey <input type="checkbox"/> Nectar <input type="checkbox"/> Pudding		<i>Solids modification:</i> <input type="checkbox"/> Cut up or chopped into bite sized pieces <input type="checkbox"/> Finely ground <input type="checkbox"/> Pureed or blended
List any additional dietary modifications or comments:		
Parent or Guardian- Name: Telephone:		Physician- Name: Telephone:
Physician Signature:		Date:

Send completed form to:
Eagle Mountain-Saginaw ISD Child Nutrition Department
1600 Mustang Rock Road, Fort Worth, TX 76179

For Child Nutrition office use only:	Date received at CN office _____
NOTIFICATION: Parent _____	Nurse _____ CN Manager _____