



Child Nutrition Department  
1600 Mustang Rock Road, Fort Worth, TX 76179  
Phone: (817) 232-0880  
Fax: (817) 744-8906  
[www.emsisd.com](http://www.emsisd.com)

## Instructions for Completing Food Allergy/Disability Substitution Request Form

Students participating in the National School Lunch Program who are new to Eagle Mountain-Saginaw Independent School District (ISD) or newly diagnosed with a medical condition or disability and who require a special diet must print and submit a **Food Allergy/Disability Substitution Request Form**. The information on this form is confidential and to be used for special dietary needs only.

**Parents: Please read these instructions carefully.**

1. For medical conditions or allergies that do not require a change to the cycle menu, parents or guardians may complete the "Allergy Anaphylaxis Form" and return it to the school nurse. An example of this might be an allergy to watermelon. A note is placed into the student's Child Nutrition account stating that they have an allergy to watermelon. The note pops-up at the point-of-sale in the cafeteria and alerts the staff that the student cannot have watermelon.
2. For medical disabilities requiring menu substitutions that cannot be fulfilled using the regular cycle menu, a student may need special dietary modifications and a specialized menu created for the student. The first step in the process of requesting special dietary modifications is to print the "Food Allergy/Disability Substitution Request Form" from the school district website [www.emsisd.com](http://www.emsisd.com) on the Child Nutrition Department page or on the Health Services page. A form can also be requested from the school nurse or the Registered Dietitian.
3. The "Food Allergy/Disability Substitution Request Form" must be completed by the parent/guardian **and** by a state licensed healthcare professional or registered dietitian. The completed form should then be faxed to the district or emailed to our Child Nutrition Registered Dietitian, Darlene Lopez, at [dlopezmonge@ems-isd.net](mailto:dlopezmonge@ems-isd.net).
4. Please allow at least 2 weeks processing time once the completed forms are returned. This is to ensure that our Registered Dietitian is able to review all food labels and ingredient statements for your student's individual needs. If your child has specific nutritional needs, please provide him or her with a nutritious breakfast and lunch until the arrangements for the special diet request have been made.
5. Please submit forms by **August 1<sup>st</sup>** in order to ensure your child is able to be provided with a modified menu on the first day of school. This gives our dietitian a 2-week time frame to create a menu for your child.

6. If your child had dietary modifications during the previous school year, the Registered Dietitian will contact you in June or July to ensure our staff is aware of any changes that might be required.
7. For students with dietary modifications during the previous school year, modifications will resume and be available at the beginning of the new school year unless the Child Nutrition Department receives a physician or parent signed statement discontinuing the modifications.

### **Menu Modifications for Children with Disabilities**

USDA regulations 7 CFR Part 15b require substitutions or modifications in school meals for children whose disabilities restrict their diets. A child with a disability must be provided substitutions in foods when that need is supported by a statement signed by a state licensed healthcare professional or registered dietitian. The statement must identify:

- the child's disability
- an explanation of why the disability restricts the child's diet
- the major life activity affected by the disability
- the food(s) to be omitted from the child's diet and/or the food or choice of foods that must be substituted specific substitutions needed must be specified in a statement signed by a licensed physician

**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.*

*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.*

*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.*

*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.*

### **Serving the Special Dietary Needs of Children without Disabilities**

Children without disabilities but with special dietary needs requiring food substitutions or modifications may request that the Child Nutrition department meet their special nutrition needs.

- Special diet requests for children without disabilities will be evaluated on a case-by-case basis. A school is encouraged to accommodate reasonable requests, but

is *not* required to do so. In cases where the meal pattern does not need to be changed to meet the accommodation, a note will be placed in the student's account to alert staff to the allergy or intolerance. Requests for non-disability related meal accommodations must be made in writing by a parent or guardian or an authorized medical authority.

Completed forms can be mailed to the address below or emailed as an attachment to [dlopezmonge@ems-isd.net](mailto:dlopezmonge@ems-isd.net).

Please call the Child Nutrition Department with any questions. Thank you and we look forward to working with you to ensure a successful school year for your student!

### **Right of the Household**

Parents and guardians have the right to examine all relevant records and to appeal decisions made related to menu modifications. Appeals can be made to Aaron Wylie, Child Nutrition Director, at [awylie@ems-isd.net](mailto:awylie@ems-isd.net) or 817-232-0880, extension 2522.

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*Darlene Lopez-Monge, RDN*  
Eagle Mountain-Saginaw ISD  
Child Nutrition Registered Dietitian  
1600 Mustang Rock Road  
Fort Worth, TX 76179  
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[dlopezmonge@ems-isd.net](mailto:dlopezmonge@ems-isd.net)

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)

This institution is an equal opportunity provider.

**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 <b>permission for Eagle Mountain Saginaw ISD to contact the Physician's Office</b> 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. <b>Parent/Guardian Signature:</b> _____ <b>Date:</b> _____		

**To be filled out by Medical Authority**

Diagnosis or other special dietary condition which restricts diet:			
Does the child have a disability? <b>Definition of Disability:</b> 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. 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. 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. 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.	<b>Yes</b>	<b>No</b>	
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.		<b>Yes</b>	<b>No</b>
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.		<b>Yes</b>	<b>No</b>
Texture Modification Required? If yes, answer questions below.		<b>Yes</b>	<b>No</b>
<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:			
<b>Parent or Guardian-</b> Name:  Telephone:		<b>State Licensed Healthcare Professional or Registered Dietitian-</b> Name:  Telephone:	
Physician Signature:		Date:	

**Send completed form to:**
**Eagle Mountain-Saginaw ISD Child Nutrition Department**  
 1600 Mustang Rock Road, Fort Worth, TX 76179  
 Fax: 817-744-8906

Reviewed 7.11.2024

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