

Brenham ISD Child Nutrition Services

Food Allergy/Disability Substitution Request

2018-2019

Student Name: _____ Age: _____

School: _____ Grade/Classroom: _____

Parent/Guardian: _____ Telephone: _____

As a parent or guardian, I give permission for Brenham ISD to contact the physician's office regarding my child's dietary needs. _____ *(Parent Signature)*

The U.S. Department of Agriculture School Meals Program requires that all questions be answered in order for any diet modifications or substitutions to be made in school meals. This form must be signed by a licensed physician.

Physician's Statement

DIAGNOSES: _____

LIFE THREATENING FOOD ALLERGY – Omit these foods:

_____ Fluid Milk (by itself) _____ Milk (as an ingredient) _____ Peanuts _____ Tree Nuts _____ Eggs
_____ Fish _____ Wheat _____ Soy _____ Other: _____

STUDENTS WITH DISABILITIES: (Please explain disability and the diet modification below).

1. Can the student consume foods where the allergen is an ingredient in the food product? ____yes ____no
(Example: Scrambled eggs are omitted but egg as an ingredient in pancakes is allowed.)

Explain: _____

2. Explanation of why this disability restricts the diet:

3. Major Life activity affected by the life threatening food allergy or disability: (Check all that apply)

(Note: Brenham ISD cannot honor this document unless at least one life activity is marked.)

_____ Eating _____ caring for one's self _____ performing manual tasks _____ walking _____ seeing
_____ hearing _____ speaking _____ breathing _____ learning

4. Foods to omit _____ Replace With _____ Allowable foods _____

5. Consistency Recommendations: _____ NPO;

Solids: _____ No Solids _____ Puree _____ Mechanical Soft _____ Chopped _____ Regular

Liquids: _____ No Liquids _____ Thin _____ Thickened _____ Nectar _____ Honey _____ Pudding

Physicians Signature _____ Date _____

Telephone _____ Clinical/Facility Name _____

RETURN TO CHILD NUTRITION

Questions? Contact the Child Nutrition Office: 979-277-3750 Fax 979-277-3751

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, disability, age, 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.