

PART B.

For Students with Disabilities and Life-Threatening (Anaphylaxis) Allergies

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 to school meals.

TO BE COMPLETED BY PHYSICIAN'S OFFICE

SECTION 1.

- A) Does the Child have a Disability or a life-threatening allergy* ? Yes No

If no, continue to PART C.

**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.*

- B) The child listed above possesses the following disability or life-threatening allergy: _____

- C) Explanation of why this disability restricts diet.

- D) Major Life Activities affected by the disability/life-threatening allergy (check all that apply):

- Caring for one's self Eating Walking Seeing Hearing
- Learning Speaking Breathing Performing Manual Tasks

- E) Does the child with the disability have special nutrition or feeding needs? If Yes, continue to SECTION 2. and have this form signed by a licensed physician. Yes No

SECTION 2.

- A) Foods/Beverages to omit: _____

- B) Foods/Beverages to substitute with: _____

- C) Can the student consume foods where the allergen(s) is an ingredient in the food product (for example, eggs are omitted, but eggs as an ingredient in pancakes is allowed?). _____

- D) Texture Modification, if applicable:

- | | | | |
|----------|--|---------|--|
| Liquids: | <input type="checkbox"/> Thin | Solids: | <input type="checkbox"/> Mechanical Soft Chopped |
| | <input type="checkbox"/> Thickened (Nectar) | | <input type="checkbox"/> Mechanical Soft Ground |
| | <input type="checkbox"/> Thickened (Honey) | | <input type="checkbox"/> Pureed |
| | <input type="checkbox"/> Thickened (Pudding) | | |

Please provide additional comments or information as related to diet and/or feeding techniques.

Printed Physician's name

Physician's Signature

Date

Clinic/Facility Name

Phone Number

Fax Number

Round Rock ISD is not responsible for and cannot guarantee the accuracy of any child's diet. Products stocked by Round Rock ISD can change due to supplier changes or substitutions or manufacturer's formulation changes. Parents are welcome to look at any food ingredient label or recipe upon request.

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 (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.

PART C.

For Students without disabilities but with special dietary needs requiring food substitutions or modifications.

Food substitutions or modifications for students with intolerances and allergies may be requested on this form, however, the Food Service Department is not required to provide substitutions to students without disabilities or life-threatening (anaphylaxis) allergies. Such determinations are only made on a case-by-case basis.

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This form must be completed in full and signed by a Recognized Medical Authority (Physician, Physician's Assistant or Advance Nurse Practitioner).

TO BE COMPLETED BY RECOGNIZED MEDICAL AUTHORITY

(Physician, Physician's Assistant or Advanced Nurse Practitioner)

A) Name & describe the food intolerance, allergy or special dietary need:

B) Describe the medical or other special dietary reason for the need for substitution:

C) Foods/Beverages to omit (please be specific):

D) Foods/Beverages to substitute with (please be specific):

E) Can the student consume foods where the allergen is an ingredient in the food product (for example, eggs are omitted, but eggs as an ingredient in pancakes is allowed?) _____

F) Texture Modification, if applicable:

| | | | | | |
|----------|--------------------------|---------------------|---------|--------------------------|-------------------------|
| Liquids: | <input type="checkbox"/> | Thin | Solids: | <input type="checkbox"/> | Mechanical Soft Chopped |
| | <input type="checkbox"/> | Thickened (Nectar) | | <input type="checkbox"/> | Mechanical Soft Ground |
| | <input type="checkbox"/> | Thickened (Honey) | | <input type="checkbox"/> | Pureed |
| | <input type="checkbox"/> | Thickened (Pudding) | | | |

Please provide additional comments or information as related to diet and/or feeding techniques.

Printed Name of Recognized
Medical Authority

Signature of Recognized
Medical Authority

Date

Clinic/Facility Name

Phone Number

Fax Number

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