**2018-2019 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

***To be filled out by Parent/Guardian***

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| --- | --- | --- | --- |
| 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***

***Fax completed form to:***

**Eagle Mountain-Saginaw ISD Child Nutrition Department Fax: 817-232-0238**

**OR Email completed form to: Meghan Martinson, Child Nutrition Dietitian, mmartinson@ems-isd.net**

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| --- | --- | --- | --- | --- | --- | --- |
| Diagnosis or other special dietary condition which restricts diet: | | | | | | |
| Does the child have a disability?  ***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.* | | | | | **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** |
| *Liquid modification*: Liquid  *Solids modification:*  Cut up or chopped into bite sized pieces  Honey Finely ground  Nectar Pureed or blended  Pudding | | | | | | |
| List any additional dietary modifications or comments: | | | | | | |
| ***Parent or Guardian-***  Name:  Telephone: | | ***Physician-***  Name:  Telephone: | | | | |
| Physician Signature: | | | | Date: | | |