



Generally, children with food allergies or intolerances do not have a disability as defined under either Section 504 of the Rehabilitation Act or Part B of IDEA. The SNP department is not required to make food substitutions for them. However when a licensed physician's assessment of food allergies results in severe, life threatening reactions of the child, this would meet the definition of "disability" and substitutions as prescribed by the physician will be made.

Special Diet Request: New Change existing Renew Temporary Start Date: _____ to _____
 (Please print)

Student: _____ DOB: _____ ID#: _____

Parent: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Email: _____ Date Requested: _____

Please check meals your child will eat in the cafeteria: Breakfast only Lunch only Breakfast & Lunch

Does the child have an identified disability and/or life threatening food allergy?

No My child and I will be responsible for self-monitoring the food allergy/intolerance.

(Please complete Part 1 – Student has a Non-threatening Food Allergy or Intolerance)

YES My child was evaluated in accordance with IDEA as having one or more of the recognized 13 disability categories and who, by reason therefore, needs special education and related services.

(Please complete Part II / Section & B – Student has a Disability and/or Life Threatening Food Allergy)

I understand it is my responsibility to renew this form before each school year and anytime my child's nutritional needs change. I give Seguin ISD School Nutrition Department permission to speak with the below named physician or recognized medical authority to discuss the dietary needs described below.

Parent/Guardian Signature: _____ Date: _____

To Be Completed by SISD Staff

Received by: _____ Date: _____

Part 1 Received on: _____ By: _____

Part 2 Received on: _____ By: _____



Student: _____ DOB: _____ ID#: _____

TO BE COMPLETED BY A RECOGNIZED MEDICAL AUTHORITY TREATING THIS STUDENT

Directions:

Part I – if the student has a non-threatening food allergy or intolerance

Part II Section A & B – if the student has a disability and/or life threatening food allergy

Physician (Printed Name)

Physician's Signature

Date

Address: _____ Phone: _____

PART I – NON-LIFE THREATENING FOOD ALLERGY OR FOOD INTOLERANCE (check all that apply)

FOOD: Eggs NUTS: Peanuts Tree Nuts Sesame Seeds

LACTOSE INTOLERANCE/DAIRY: NO milk Avoid ALL dairy products Avoid ALL dairy in baked products

FISH: Shellfish Wheat Corn Soy Other: _____

PART II – DISABILITY & LIFE-THREATENING FOOD ALLERGIES

Section A: Disability

List ALL disabilities requiring meal modifications: _____

Major life activity affected by **DISABILITY**:

Please Note: Seguin ISD CANNOT honor this Request Form unless at least one life activity is marked.

Soy Speaking Hearing Seeing Walking Leaning Breathing

Caring for One's Self Performing Manual Tasks Others: _____

Diet Order: Indicate specific restrictions in space provided

Diabetes NA Restriction Renal

Texture modifications, if applicable, please specify:

LIQUIDS: Thin Thickened SOLIDS: No Restriction Soft Chopped Pureed

Section B: Life Threatening Food Allergies (Food Anaphylaxis)

Life threatening food allergies: Ingestion Contact Inhalation EPI-PEN PRESCRIBED

FOOD: Eggs NUTS: Peanuts Tree Nuts Sesame Seeds

LACTOSE INTOLERANCE/DAIRY: NO milk Avoid ALL dairy products Avoid ALL dairy in baked products

FISH: Shellfish Wheat Corn Soy Other: _____