

Child Nutrition Services Department Disability / Severe Food Allergy Request Form Instructions

- 1. Students with disabilities as defined under Section 504 of the Rehabilitation Act of 1973, the American Disabilities Act of 1990 (ADA), the Education of the Handicapped Act ay result in a severe, life-threatening (anaphylactic) reaction will be accommodated regarding special diets as specified by a licensed physician.
- 2. Students with disabilities and/or life threatening food allergies requiring meal modifications must provide a statement that explains the need. It must be signed by a recognized medical authority (physician, physician assistant or advanced practice nurse). Under no circumstances are Food & Nutrition Services Staff allowed to revise or change a diet prescription or medical order.
- 3. Parent/legal guardian is



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Student's Name: _					ID #:	
	LAST NAME	FIRST NAME		MIDDLE INITIAL		
School:			Grade: _		Date of Birth:	