

Instructions

- Studentswith disabilities as defined under Section504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA), the Individuals with Disabilities Education Act (IDEA) and studentswith a SK\VLFasteqsfinent food allergies that may 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

AISD Food & Nutrition Services

Disability / SevereFood Allergy Request Formthenos

Student's Name		NI	ID#:	
		Name MI		
School:	Gra	ade:	_ DOB:	
* To Be CompletedOnly by Physicians,PhysicianAssistantsor AdvancedPracticeNurses*				
Doesthe student have a disability (pleasœheck yes or no)	/ or a food allergy that res S □ NO	sultsin severe,life threate	ening (anaphylactic) reaction?	
If Yes, 1. List the disability or food allergy tha 2. Explain why the disability restrictst 3. Describethe major life activities aff 4. If any, list foods to be omitted and t Omit: CompleteONE of the followin Substitutewith menu it	he diet: ectedby the disability: he foods to be substituted: g:	pelow:		
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Arlington

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