

## STATEMENT REGARDING MEAL SUBSTITUTIONS OR MODIFICATIONS

**Note:** Information regarding accommodating children with special dietary needs can be found on the Texas Department of Agriculture Web site at <http://www.squaremeals.org/Portals/8/files/ARM/Section%2013-Accommodating%20Children%20with%20Special%20Dietary%20Needs.pdf>.

The United States Department of Agriculture regulations require substitutions or modifications in school meals for children whose disabilities restrict their diets. If a physician or other licensed health-care provider determines that a child's food allergies may result in severe, life-threatening (anaphylactic) reactions, then the child's condition will meet the definition of a disability, and the prescribed substitutions must be made by the District. In order to do so, the school nutrition program must receive a signed statement by the physician or other licensed health-care provider containing the following information:

The child's food allergy that constitutes a disability: \_\_\_\_\_

An explanation of why the disability restricts the child's diet: \_\_\_\_\_

The major life activity affected by the disability: \_\_\_\_\_

The food(s) to be omitted from the child's diet: \_\_\_\_\_

The food or choice of foods that must be substituted: \_\_\_\_\_

### Physician Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For Office Use Only:*

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Date form received back to school \_\_\_\_\_