

Madisonville ISD Child Nutrition Services  
Food Allergy/Disability Substitution Request 2016-2017

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

School : \_\_\_\_\_ Grade/Classroom: \_\_\_\_\_

Parent /Guardian: \_\_\_\_\_ Telephone: \_\_\_\_\_

As a parent or guardian, I give permission for Madisonville ISD to contact the Physician's office regarding my child's dietary needs. \_\_\_\_\_ (Parent Signature)

*The U.S. Department of Agriculture School Meals Program requires that all questions be answered in order for any diet modifications or substitutions to be made in school meals. This form must be signed by a licensed physician.*

### Physician's Statement

**DIAGNOSIS:** \_\_\_\_\_

**LIFE THREATENING FOOD ALLERGY** - Omit these foods:

\_\_\_ Fluid Milk (by itself) \_\_\_ Milk (as an ingredient) \_\_\_ Peanuts \_\_\_ Tree Nuts  
\_\_\_ Eggs \_\_\_ Fish \_\_\_ Wheat \_\_\_ Soy \_\_\_ Other: \_\_\_\_\_

**STUDENTS WITH DISABILITIES:** (Please explain disability and diet modification below.)

\_\_\_\_\_

1. Can the student consume foods where the allergen is an ingredient in the food product? \_\_\_ yes \_\_\_ no  
(Example: Scrambled eggs are omitted but egg as an ingredient in pancakes is allowed.)

Explain: \_\_\_\_\_

2. Explanation of why this disability restricts the diet: \_\_\_\_\_

3. Major life activity affected by the life threatening food allergy or disability. (check all that apply)  
(*Note: Madisonville ISD cannot honor this document unless at least one life activity is marked.*)

\_\_\_ eating \_\_\_ caring for one's self \_\_\_ performing manual tasks \_\_\_ walking \_\_\_ seeing  
\_\_\_ hearing \_\_\_ speaking \_\_\_ breathing \_\_\_ learning

4. Foods to Omit Replace With Allowable Foods

\_\_\_\_\_

5. Consistency Recommendation:  NPO; **Solids**  No Solids  Puree'  Mechanical Soft  Chopped  Regular  
**Liquids**  No Liquids  Thin  Thickened  Nectar  Honey  Pudding

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Telephone \_\_\_\_\_ Clinic/Facility Name \_\_\_\_\_

### RETURN TO CHILD NUTRITION

Questions? Contact the Child Nutrition Office: 936-349-8067 Fax 936-349-8066