



1. **Special diet request will be reviewed and evaluated on a case-by-case basis.** Each special dietary request must be supported by a statement that explains the food substitutions that is requested. It must be signed by a recognized medical authority (physician, physician assistant, or advanced practice nurse). Under no circumstances are Child Nutrition Service Staff allowed to revise or change a diet prescription or medical order.
2. **Students with disabilities are defined under Section 504 of the Rehabilitation Act of 1973, the American Disabilities Act of 1990 ADA, the Education of the Handicapped Act (IDEA) and students with a physician's assessment of food allergies that may result in a severe, life-threatening (anaphylactic) reaction will be accommodated regarding special diets as specified by a licensed physician.**
3. **Non-Life Threatening Food Allergies.** For these types of food allergies you do not need to complete this form. Go to the Account Restriction form ([click here](#)). List what food items (that we serve) your child is allergic to. We can list the food items on your students account. The cashier will help monitor your child's allergy.
4. **Milk Allergy:** WSISD does not offer a milk substitute for milk. The student may ask for a cup to obtain water or purchase bottle water or juice if a beverage is desired. A reimbursable meal consists of 5 components: Protein, Bread, Vegetable, Fruit, and Milk. Three of these components must be on the tray to receive the meal price. The cashier will encourage your student to pick up another item if they have only 2 components on their plate. If the student wishes to only buy one or two components, individual prices will be charged.

It is the responsibility of the parent to review the menu and communicate to their child regarding what food choices they can and cannot have daily. A copy of the menu is available at the schools and online at (www.brewerbearcafe.com)***

5. Parent/Legal Guardian is responsible for providing the required documentation for such requests. After completing the form, please return to:

White Settlement ISD Child Nutrition Services
Kathy Huey, RD, M.B.A
700 Odie St
Fort Worth, TX 76108
Phone: 817-367-1310
Fax: 817-367-1223

6. Parent/Legal Guardian will be contacted by the Child Nutrition Office upon approval/denial of special dietary request.
7. The school nurse and cafeteria manager will be notified of the special dietary need(s) upon processing.
8. To better serve our students, the parent/legal guardian is responsible for completing a new form whenever changes occur (including switching to a different school within the district, returning to the district, medical or health changes, etc).



Student's Name: _____ ID# _____
Last Name First Name Middle Initial

School: _____ Grade: _____ Date of Birth: _____

Part A

Does the student have a disability? If Yes, identify the child's disability.	Yes	No
Does the child have special nutritional or feeding needs? If Yes, complete Part B of this form and have it signed by a licensed physician.	Yes	No
If the child is not disabled, does the child have special nutritional or feeding needs? If Yes, complete Part B of this form and have it signed by a recognized medical authority (physicians, physician assistant, or advanced practice nurses only).	Yes	No

Part B

**** To Be Completed Only by Physicians, Physician Assistant or Advanced Practice Nurses****

List any dietary restrictions or special diet.

List any food allergies that result in severe, life threatening (anaphylactic) reactions.

List any food intolerances to avoid. (ex. Lactose intolerant, no milk to drink)

List foods to be substituted, if any. (ex: juice, other dairy products ok)

 Name of Physician/Physician Assistant/Advance Practice Nurse Telephone Number

 Signature of Physician/Physician Assistant/Advance Practice Nurse Date

I understand that it is my responsibility to submit a new form anytime changes occur (ie. Child's medical or health needs changes, switching schools, etc.)

 Name of Parent/Legal Guardian E-mail Address

 Signature of Parent/Legal Guardian Date Telephone Number

Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990, a "person with a disability" is any person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment or is regarded as having such an impairment.

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. Child Nutrition (Food a& Nutrition Services) may, but is not required to, make food substitutions for them. -Texas Department of Agriculture, may 2005

In Accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800)795-3272 (voice) or (202)720-6382 (TTY). USDA is an equal opportunity provider and employer.

For WSISD Use Only: Date Received: ____/____/____ Comments: _____