Carrollton – Farmers Branch ISD
Student Nutrition

SPECIAL DIETS AND NUTRITION CONTENT ON MEALS

Student Nutrition works jointly with the school nurses to provide for students with special medical dietary needs. The nutritional contents including daily menus can be view at http://www.cfbisdnutrition.com under cafeteria menus. There are two categories of special dietary modifications that must be on file in our office before a substitution request can be approved;

1. Children with disability

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 impairment or is regarded as having such impairment. *Texas Department of Agriculture – April 2010; Accommodating Children with Special Dietary Needs 13.4.*
USDA regulations require substitutions or modifications in school meals for children whose disabilities restrict their diets. A child with a disability must be provided substitutions in foods when that need is supported by a statement signed by a licensed physician.
The physician's statement must identify:

- The child's disability;
- An explanation of why the disability restricts the child's diet;
- The major life activity affected by the disability;
- The nature of the child's disability, the reason the disability prevents the child from eating the regular school meal and the specific substitutions needed must be specified in a statement signed by a licensed physician.
- The food or foods to be omitted from the child's diet and the food or choice of foods that must be substituted.

2. Children with Food Allergies

Generally, 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. **The Child Nutrition department may, but is not required to, make food substitutions for them.**
However, when in the licensed physician's assessment food allergies may result in severe, life-threatening (anaphylactic) reactions, the child's condition would meet the definition of "disability," and the substitutions prescribed by the licensed physician must be made.
The physician's statement must identify:

- The child's food allergy;
- An explanation of why this allergy is life-threatening;
- The food or foods to be omitted from the child's diet and the food or choice of foods that must be substituted.

Below you will find the Student Nutrition's Disability/Food Allergy/Special Diet Request Form with instructions

Carrollton · Farmers Branch
Independent School District
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Student Nutrition Department
Disability/Food Allergy/Special Diet Request Form

1. Texas Department of Agriculture requires that the Special Diet Request Form be completed by a physician or recognized medical authority (Physician Assistant or Advanced Practice Nurse).

2. After completion, please return to:
   CFBISD Student Nutrition Department
   Nikki S. Pendlay, Asst. Director
   1505 Randolph Street
   Carrollton, TX 75006
   Office: 972.968.6388
   Fax: 972.968.6392
   pendlayn@cfbisd.edu

3. Special Diet requests will be reviewed and evaluated on a case-by-case basis. CFBISD Student Nutrition Department will attempt to accommodate the substitutions as requested but reserves the right to modify the menu based on product availability.

4. Parent/legal guardian will be contacted upon approval/denial.

5. The school nurse and cafeteria manager will be notified of the special dietary need(s) upon processing.

6. To better serve our students, the parent/legal guardian is responsible for completing for completing a new form before the beginning of each school year and whenever changes occur including transferring to a different school within the district.

Carrollton-Farmers Branch Student Nutrition Department

Food Allergy Substitution Request

PART A			
Student's Name		Age	
Name of School	Grade Level	Classroom	
Does the child have a disability? If Yes. describe the major life activities affected by the 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.	Yes	No	
If the child does not require special meals, the parent can sign at the bottom and return the form to the school food-service.			
PART B			
List any dietary restrictions or special diet.			
List any allergies or food intolerances to avoid.			
List foods to be substituted.			
List foods that need the following change in texture. If all foods need to be prepared in this manner, indicate "All." Cut up or chopped into bite size pieces: Finely ground: Pureed:			
List any special equipment or utensils that are needed.			
Indicate any other comments about the child's eating or feeding patterns.			
Parent's Signature	Date:		
Physician or Medical Authority's Signature	Date:		