

THIS FORM MUST BE COPIED OR TURNED INTO THE CHILD NUTRITION DEPT.

Eating and Feeding Evaluation for Children with Special Needs (Please request form #13.17 & 13.18)

REQUEST FOR FOOD ALLERGY INFORMATION

(This form must be filled out each school year)

The District must request, at the time of enrollment, that the parent or guardian of each student attending the District disclose the student's food allergies. The attached form will satisfy this requirement.

This form allows you to disclose whether your child has a food allergy or severe food allergy that you believe should be disclosed to the District in order to enable the District to take necessary precautions for you child's safety (example: classroom, field trips, cafeteria).

"Severe" food allergy means a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

Generally, children with food allergies or intolerances do not have a disability as defined under Section 504 of the Rehabilitation Act or part B of IDEA. The child nutrition department is NOT required to make food substitutions for them. However, when in the licensed physician's assessment of the 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 would be made.

The District will maintain the confidentiality of the information provided above and may disclose the information to teachers, school counselors, school nurses, cafeteria personnel, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act and District policy.

Schools have lactose-free milk available as a milk choice with their meals (as required by T.D.A).

Silk milk is also available and sold as an a la cart item.

The student will need to be instructed by the parent to take the lactose-free milk, as it is not the responsibility of the Food Service Department.

(Juice and/or water will not be substituted as part of the meal without medical authority prescription)

(Nutritional data posted on line may contain errors. The information is based on ingredients and cooking instructions described in each recipe and is by nature a statistical average. Nutrition value may also vary based on methods of preparation, origin and freshness of ingredients and other variables. Finally, menu items are subject to substitution based on product availability.)

Parents: Other food restrictions need to be addressed WITH YOUR STUDENT.

(Examples: Only one cookie on Fridays only - OR - one extra item per day)

The district's Food Service Dept. is not responsible for monitoring additional food purchases.

Please feel free to contact the Child Nutrition Dept. with any questions you may have.

Patti Fisher, Office Manager (or Mary Brunig, C.N. Director)
817-949-8240 patti.fisher@southlakecarroll.edu

FOOD EXEMPTION / ALLERGY / SUBSTITUTION / REQUEST

(To be filled out every year)

Child Nutrition Department: 817-949-8240

Student's Name: _____ Campus: _____

Age: _____ Grade: _____ Teacher: _____

Major Life Affecting Allergy or Disability: _____

Nut Allergies: _____ All Nuts

Lactose Free Diet / No Dairy

<input type="checkbox"/> No Dairy at all	<input type="checkbox"/> Soy Milk OK	<input type="checkbox"/> No liquid milk at all
<input type="checkbox"/>	<input type="checkbox"/> Lactaid OK	<input type="checkbox"/> Ok as ingredient

Comment / Exceptions: _____
(example: liquid milk allergy- but can have cheese)

Food: _____ Mild _____ Moderate _____ Severe _____ EPI Pen
_____ Allergy-raw form only _____ OK if cooked as an ingredient

(Nature of allergic reaction to the food)

Food: _____ Mild _____ Moderate _____ Severe _____ EPI Pen
_____ Allergy-raw form only _____ OK if cooked as an ingredient

(Nature of allergic reaction to the food)

Food: _____ Mild _____ Moderate _____ Severe _____ EPI Pen
_____ Allergy-raw form only _____ OK if cooked as an ingredient

(Nature of allergic reaction to the food)

Other restrictions: _____
(for religious or other personal reasons besides food allergy or medical)
Example: No Pork Products, No Beef Products
(we will make every effort to honor this request as much as possible)

Diabetic: (per M.D. orders- please make any menu change requests to café manager)

I certify that the above named student has special dietary needs and requires a special diet prepared and/or substitutions made. **(MD. Prescription NOT required to receive Lactose Free milk)**

Physician/Recognized Medical Authority Office phone number for verification (Date)

Physician: (Recommended substitutions): _____

I understand that if my child's medical health needs change, it is my responsibility to notify school.

Parent/Guardian Signature Contact Phone Number Date