



Food Allergy/Disability Menu Substitution Request

This form must be filled out completely BEFORE any dietary modifications can be made.

New Dietary Request

Change/modify an Existing Special Diet Request

To rem

from this student's account: A note signed by the student's physician stating that h
child nutrition department. For dietary modifications to made, the diagnosis must b

Parent/Guardian Signature:	Date:
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Diagnosis or other special dietary condition which restricts diet:
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Does the child have a disability?

Definition of Disability 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, a record of such an impairment or is regarded as having such an impairment.

The term "physical or mental impairment" includes many diseases and conditions, a few of which may be orthopedic, visual, speech, and hearing impairments, cerebral palsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, metabolic diseases, such as diabetes or PKU, food anaphylaxis (severe food allergy), mental retardation, emotional illness, drug addiction and alcoholism, specific learning disabilities, HIV disease and tuberculosis.

Major life activities covered by this definition include caring for one's self, eating, performing manual tasks, walking, seeing, hearing, speaking, g-1.209 Td (g-1.274.209 Td (g-1.274.20B)-14.8 (aabi)-16.9 (l)-1.8 (i)-1.9 (t)-15.3 (iun374.c

For Child Nutrition office use only:	Date received at CN office _____
NOTIFICATION: Parent _____ Nurse _____ CN Manager _____	