



### 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

Discontinue Modified Diet

#### To be filled out by Parent/Guardian

		Date of Birth:
	:	Grade:
<p>permission for Eagle Mountain</p> <p>child nutrition department. For dietary modifications to made, the diagnosis must be categorized as a disability affecting a major life activity.</p> <p><b>Parent/Guardian Signature:</b></p>		<p>nd also give To remove restrictions must be submitted to the</p> <p><b>Date:</b></p>

#### To be filled out by Medical Authority

Diagnosis or other special dietary condition which restricts diet:		
<p>Does the child have a disability?</p> <p><i>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.</i></p> <p><i>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, epilepsy, 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.</i></p> <p><i>Major life activities covered by this definition include caring for one's self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and walking.</i></p> <p><i>When nutrition services are required under a child's IEP, school officials need to make sure that child nutrition staff are involved early on in the decisions regarding special meals.</i></p>	<b>Yes</b>	<b>No</b>

Revised 7.11.2024

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