



**Statement Regarding Meal Substitutions or Modifications**

The United States Department of Agriculture regulations require substitutions or modifications in school meals for children whose disabilities restrict their diets. If a physician or other licensed health-care provider determines that a child's food allergies may result in severe, life-threatening (anaphylactic) reactions, then the child's condition will meet the definition of a disability, and the prescribed substitutions must be made by Plano Independent School District's Food and Nutritional Services (FANS). In order to do so, the school nurse must receive the following signed statement by the student's physician or other licensed health-care provider:

Please list the student's food allergy that constitutes a disability: \_\_\_\_\_

\_\_\_\_\_

Please provide an explanation of why the disability restricts the student's diet: \_\_\_\_\_

\_\_\_\_\_

List the major life activity affected by the disability: \_\_\_\_\_

\_\_\_\_\_

Please list the food(s) to be omitted from the student's diet: \_\_\_\_\_

\_\_\_\_\_

Please list the food or choice of foods that must be substituted: \_\_\_\_\_

\_\_\_\_\_

**Physician Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

**For Office Use Only:**

Date form was received by the school: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade Level: \_\_\_\_\_