

WELLNESS AND HEALTH SERVICES
CARE PLANSFFAF
(EXHIBIT B)

STATEMENT REGARDING MEAL SUBSTITUTIONS OR MODIFICATIONS

Note: Information regarding accommodating students with special dietary needs can be found on the Texas Department of Agriculture website at http://www.squaremeals.org/Portals/8/files/ARM/Section13_Accommodation_V001_180122.pdf.

Student's name: _____ **Date of birth:** _____ **Grade:** _____

The U.S. Department of Agriculture regulations require substitutions or modifications in school meals for students whose disabilities restrict their diets. If a physician or other licensed health-care provider determines that a student's food allergies may result in severe, life-threatening (anaphylactic) reactions, then the student's condition will meet the definition of a disability, and the prescribed substitutions must be made by the District. In order to do so, the school nutrition program must receive a signed statement by the physician or other licensed health-care provider containing the following information:

The student's food allergy that constitutes a disability: _____

An explanation of why the disability restricts the student's diet: _____

The major life activity affected by the disability: _____

The food(s) to be omitted from the student's diet: _____

The food or choice of foods that must be substituted: _____

Physician information:

Name: _____

Address: _____

Phone number: _____

Physician's signature

Date

For Office Use Only: Date form was received by the school: _____