



SEALY INDEPENDENT SCHOOL DISTRICT
Sealy ISD Health Services

939 Tiger Lane ~ Sealy, Texas 77474

Phone: 979-885-3516 ~ Fax: 979-885-6457

STATEMENT REGARDING MEAL SUBSTITUTIONS OR MODIFICATIONS

Note: Information regarding accommodating children with special dietary needs can be found on the Texas Department of Agriculture website at <http://www.squaremeals.org/Portals/8/files/ARM/Section%202013-Accommodating%20Children%20with%20Special%20Dietary%20Needs.pdf>.

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 a 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:

Child's Name: _____ **DOB** _____ **Grade** _____

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

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

The major life activity affected by the disability: _____

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

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

Physician Name: _____ Phone Number _____

Physician Address: _____

Physician Signature: _____ Date _____

For Office Use Only:

Date the form was received by the school: _____