

# Spring 4 Creek ISD

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## Statement Regarding Meal Substitutions or Modifications

The United States Department of Agriculture regulations require substitutions or modifications in school meals for children whose severe food allergies/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 District must make the prescribed substitutions.

**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.** This form may be completed, signed, and dated by your child's doctor or a faxed physician's statement indicating the following information may be submitted to Sallie Neely, Spring Creek ISD School Nurse [fax- (806)273-7479].

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School Year 20\_\_\_\_--20\_\_\_\_

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 may be substituted: \_\_\_\_\_

PHYSICIAN INFORMATION	
NAME:	
ADDRESS:	
PHONE:	
FAX:	
PHYSICIAN'S SIGNATURE	DATE:

Please return required forms as soon as possible, but no later than \_\_\_\_\_.