## Brazos ISD Child Nutrition Programs Food Allergy/Disability Substitution Request 2016/2017

Student's Name			Age:		
School:			Grade/Classroom		
Identify the Stu	dent's disabilit	y:			
Please indicate	your child's sp	ritional or Feeding Notecial needs below:	l <b>eeds</b> □ Other:		
	Fo	r Use by Phys	sician Only		
Non Allowable	may l	be substituted with	Allowable Food		
			ered food substitutes as described above indicated above. (Use back of form if		
Name of Physic	cian		Telephone Number		
Signature of Ph	ysician (Requi	ired)	Date		
I understand the school.	at if my child's	medical or health need	s change, it is my responsibility to notify the		
Signature of Pa	rent/Guardian		Date		
Daytime Conta	ct Phone Numb	oer			
		partment will attempt to the menu based on pro-	accommodate the substitutions as requested duct availability.		
Copies to:	□ Nurse	☐Child Nutrition Off	•		

In accordance with Federal law and U>S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex age or disability. To file a complaint of discrimination, write U.S> Department of Agriculture, Director, Office of Adjudication and Compliance, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 7953272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.