Grades PreK -3: Please fax to 512-287-5258 or return to front desk.

Grades 4 – 12: Please fax to 512-583-6973 or return to front desk.

NYOS CHARTER SCHOOL
NOT YOUR ORDINARY SCHOOL

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 NYOS Charter Schools' Food and Nutritional Department. 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:

Student Name: _____ Date of Birth:_____ Grade Level: _____

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: _____

Adapted from Plano ISD: http://www.pisd.edu/