

Lampasas Independent School District
School Nutrition Department
207 E. Ave. A, Lampasas, TX 76550 (512) 556-8948

Food Allergy or Medical Dietary Substitution Request Form
Alergia a los alimentos o formulario de solicitud médica de sustitución dietética

If your student has been diagnosed with a food allergy or has the need of a medical dietary substitution, complete this form, and return to the office of the Director of School Nutrition Services.

Si a su hijo se le ha diagnosticado alergia a los alimentos o si necesita una sustitucion dietetica medica, complete este formulario y enviolo a la oficina del Director de Servicios de Nutrición Escolar.

Provide student information (*información del estudiante*):

Student's Name (nombre) _____ Campus (escuela) _____
Date of Birth (fecha de nacimiento) _____ Grade (grado escolar) _____

Dietary Medical Concern: (Please indicate student's special needs below.)

Preocupación médica dietética: (Por favor indique las necesidades especiales del estudiante a continuación.)

☐ diabetic <i>diabético</i>	☐ Lactose intolerant <i>intolerancia a la lactosa</i>	☐ Peanut allergy <i>Alergia al cacahuete</i>
☐ Other <i>otro</i> _____		

Non-Allowable Food (comida no permitido)	Allowable Food (alimento permitido - se puede sustituir por)

This Section Must be Completed By Physician

I certify that the above-named student needs to be offered food substitutes as described above because of the student's food.

_____ Printed Name of Physician	_____ Phone number
_____ Physician Signature	_____ Date

This Section Must be Completed By Parent (*Esta sección debe ser completada por el padre*)

I understand that if my child's dietary needs change; it is my responsibility to notify the School Nutrition Department at (512) 556-8948.
Entiendo que si las necesidades dietéticas de mi hijo cambian; es mi responsabilidad notificar al Departamento de Nutrición Escolar al (512) 556-8948.

_____ Printed Name of Parent (<i>nombre del padre</i>)	_____ Contact phone number (<i>teléfono de contacto</i>)
_____ Signature of Parent (<i>firma del padre</i>)	_____ Date (<i>fecha</i>)

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