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 envielo 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** *diabético*

_____ **Lactose intolerant** *intolerancia a la lactosa*

_____ **Peanut allergy** *Alergia al cacahuate*

_____ **Other** *otro* _____

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 (*nombre del padre*) _____ **Contact phone number** (*eléfono de contacto)* _____

Signature of Parent (*firma del padre*) _____ **Date** (*fecha*) _____