**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.**

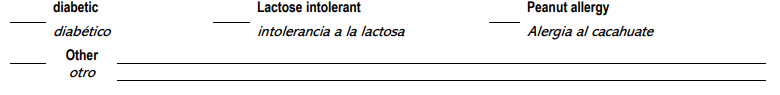
Si a su hijo se le ha diagnosticado alergia a los alimentos o si necesita una sustitucion dietetica medica, complete este formulario y envielo a la oficina del Director de Servicios de Nutrición Escolar.

**Provide student information (información del estudiante):**

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

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

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

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