Received by nurse: ___/___/___
Received by dietitian: ___/___/___

Bryan ISD School Nutrition Services 2023-2024

DIETARY SPECIAL REQUEST FORM

Student Name: _____ **Date of Birth:** _____

School: _____ **Student ID:** _____

Parent/Guardian Contact Information:

Name: _____ **Phone Number:** _____

Email: _____ **Signature:** _____

By providing my signature, I understand that I am giving Bryan ISD School Nutrition Services permission to contact the physician's office regarding my child's dietary needs.

Which meals will the student eat from the school cafeteria?

☐ Breakfast ☐ Lunch ☐ My child will NOT be eating school meals

Please return this form to the school nurse. Allow up to 2 weeks for processing.

The following section must be completed by a licensed physician.

Section A: Lactose Intolerance

☐ Lactose Intolerant **(NOT dairy allergy)**
- ☐ No Cheese, No Yogurt
- ☐ No Fluid Milk (Choose substitute below):
  - ☐ Lactose Free Milk ☐ Soy Milk ☐ None

Section B: Food Allergy

☐ Peanuts/Tree Nuts ☐ Wheat

☐ Fish/Shellfish ☐ Sesame

☐ Soy (Note: will NOT exclude soybean oil unless requested)

☐ Egg Allergy (please specify below)
- ☐ Whole Eggs ***only*** (Ex: egg patty, omelet)
- ☐ Egg as an ***ingredient*** (Ex: baked goods, ranch dressing)

☐ Dairy Allergy (exclude all products containing dairy, even baked goods)

Select milk substitute: ☐ Soy Milk ☐ None

☐ Other Allergy (please be specific): _____

Are any of these allergies life-threatening? If yes, please list which allergy: _____

Section C: Disability

Disability: _____

Major life activities affected by the food allergy or disability:

☐ Breathing ☐ Eating
☐ Seeing ☐ Walking
☐ Speaking ☐ Learning
☐ Caring for one's self
☐ Performing manual tasks
☐ Other: _____

Is a texture modification needed?

Solids:

☐ Regular ☐ Soft & Bite-Sized
☐ Minced & Moist ☐ Pureed

Liquids:

☐ Thin (Regular)
☐ Slightly Thick (Nectar)
☐ Mildly Thick (Honey)
☐ Moderately Thick (Pudding)

Physician Name: _____ **Physician Signature:** _____

Clinic Name: _____ **Clinic Phone Number:** _____ **Date:** _____