

☐ **APPROVED**☐ **DENIED**Notes: _____
_____**2023-2024 SPECIAL DIET REQUEST FORM**☐ **New** Special Diet Request☐ **Change** Current Special Diet Request☐ **Renew** Existing Special Diet Request☐ **Temporary** Special Diet Request (Start _____ & End Date _____)

Student's Full Name (printed): _____

Date of Request: _____

Last: _____ First: _____

School: _____

Date of Birth: _____

Grade: _____

Student ID#: _____

Parent/Guardian Name (printed): _____

Daytime Phone # _____ Email: _____

Which meals will the student eat from the school cafeteria?☐ Both Breakfast and Lunch ☐ Breakfast Only ☐ Lunch Only ☐ None (If the student does not eat from the cafeteria, no modification will be arranged)*I understand it is my responsibility to renew this form before each school year and anytime my child's nutritional needs change. I give Sharyland ISD Child Nutrition Program permission to speak with the below-named physician or recognized medical authority to discuss the dietary needs described below.*

Parent/Guardian signature: _____ Date: _____

To Be Completed Only by Physicians, Physician Assistants or Nurse Practitioners**MD/DO/PA/NP Must Attach Supporting Medical Documentation to Confirm Claimed Food Allergy and/or Disability**

Prescribing Medical Authority Name (printed): _____ Telephone: _____ Fax: _____

Signature: _____ Date: _____

Address (street, city, state, ZIP): _____

Part I: Non-Life Threatening Food Allergy (check ALL that apply)**DIRECTIONS: Part I to be filled out and completed ONLY by a Licensed Medical Authority treating the student:**

- Part I - If the student has a Non-Life Threatening Food Allergy (*approved on a case by case basis, Sharyland ISD is not required to make dietary modifications for Non-Life Threatening Food Allergies*).

Eggs: ☐ whole eggs ☐ egg as an ingredient, i.e. scrambled eggs are omitted and egg as an ingredient in pancake is not allowedNuts: ☐ peanuts ☐ tree nuts (walnuts, pecans, almonds, hazelnuts...etc.) ☐ sesame seedsMilk/Dairy allergy: ☐ Avoid fluid milk only ☐ Avoid all dairy products (fluid milk, cheese, yogurt, ice cream) ☐ Avoid dairy in all baked goodsSoy: ☐ Avoid soy milk only ☐ Avoid all soy containing products ☐ Fish ☐ Shellfish ☐ Wheat

List Others: _____

Please identify the food or choice of foods to be substituted: _____

**** While the rising prevalence of childhood obesity is a serious health concern, it is NOT currently classified as a disability. Nonetheless, the SISD Child Nutrition Program provides low fat/low sugar/low sodium menus for ALL meals: therefore, a special diet request for these options would not be necessary. Furthermore, in an effort to assist families manage a healthier lifestyle, nutritional information is posted on the SISD Child Nutrition Program website.**

PART II. Disability & *Life-Threatening Food Allergies*; additional supporting medical documentation is required

DIRECTIONS: Part II to be filled out and completed **ONLY** by a Licensed Medical Authority treating the student:

- Part II/Section A & B - If the student has a Disability and/or Life-Threatening Food Allergy

SECTION A: DISABILITY

Check all disabilities requiring meal modifications:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Nephritis |
| <input type="checkbox"/> Cancer/Leukemia | <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Drug Addiction/Alcoholism |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> HIV Disease | <input type="checkbox"/> Autism | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Mental Retardation | <input type="checkbox"/> Emotional Disturbance | _____ |
| <input type="checkbox"/> Speech Impairment | <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Multiple Sclerosis | _____ |

Major life activity affected by DISABILITY: Note: Sharyland ISD cannot honor this Request Form unless at least one life activity is marked.

- | | | | | | | |
|--|--|--|---------------------------------|----------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Eating | <input type="checkbox"/> Speaking | <input type="checkbox"/> Hearing | <input type="checkbox"/> Seeing | <input type="checkbox"/> Walking | <input type="checkbox"/> Learning | <input type="checkbox"/> Breathing |
| <input type="checkbox"/> Caring for One's Self | <input type="checkbox"/> Performing Manual Tasks | <input type="checkbox"/> Other, specify: _____ | | | | |

Diet Order: Indicate specific restrictions in space provided

Safe Food Substitutes*:

- ☐ **Texture Modification**, if applicable, specify below.

- | | | | | | |
|---------|--|--|---|--|---|
| Liquids | <input type="checkbox"/> No Restrictions | <input type="checkbox"/> Thin | <input type="checkbox"/> Thickened (Nectar) | <input type="checkbox"/> Thickened (Honey) | <input type="checkbox"/> Thickened (pudding) |
| Solids | <input type="checkbox"/> No Restrictions | <input type="checkbox"/> Mechanical Soft Chopped | <input type="checkbox"/> Mechanical Soft Ground | <input type="checkbox"/> Pureed | |

*The Child Nutrition Program will attempt to accommodate the substitutions as requested but reserves the right to modify the menu based on product availability.

SECTION B: LIFE-THREATENING FOOD ALLERGIES (FOOD ANAPHYLAXIS)

Life-threatening food allergies: ☐ ingestion ☐ contact ☐ inhalation ☐ EpiPen/Emergency Epinephrine prescribed

Eggs: ☐ whole eggs ☐ egg as an ingredient, i.e. scrambled eggs are omitted and egg as an ingredient in pancake is not allowed

Nuts: ☐ peanuts ☐ tree nuts (walnuts, pecans, almonds, hazelnuts...etc.) ☐ sesame seeds

Milk/Dairy allergy: ☐ Avoid all dairy products (fluid milk, cheese, yogurt, ice cream) ☐ Avoid dairy in all baked goods

Soy: ☐ Avoid all soy containing products ☐ Fish ☐ Shellfish ☐ Wheat

List Others: _____

Please identify the food or choice of foods to be substituted: _____

Sharyland ISD Child Nutrition Program
1243 E. Business 83
Mission, TX 78572
(956)580-5200 Ext. 1087