

2023-2024 SPECIAL DIET REQUEST FORM				
☐ <b>New</b> Special ☐ <b>Change</b> Current Diet Request ☐ Diet Request	Special Renew Existing Special Diet Request	Temporary Special Diet Request (Start & End Date )		
Student's F ull 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:				
*To Po Comple	eted Only by Physicians, Physician Assistants or N	Nursa Practitionars*		
MD/DO/PA/NP Must Attach Supporting Medical Documentation to Confi  Prescribing Medical Authority Name (printed):  Signature:				
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 allowed  Nuts: peanuts tree nuts (walnuts, pecans, almonds, hazelnutsetc.) sesame seeds  Milk/Dairy allergy: Avoid fluid milk only Avoid all dairy products (fluid milk, cheese, yogurt, ice cream) Avoid dairy in all baked goods  Soy: 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:				

 $\square$  denied

☐ APPROVED Notes: \_\_\_\_\_

<sup>\*\*</sup> 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:					
☐Cerebral Palsy	□Epilepsy	☐Muscular Dystrophy	□Nephritis		
☐Cancer/Leukemia	Orthopedic Impairment	□Diabetes	☐Drug Addiction/Alcoholism		
☐ Hearing Impairment	☐HIV Disease	□Autism	☐ Other:		
☐Traumatic Brain Injury	☐ Mental Retardation	□Emotional Disturbance			
Speech Impairment	□Visual Impairment	pairment			
Major life activity affected by DISABILITY: Note: Sharyland ISD cannot honor this Request Form unless at least one life activity is marked.					
☐ Eating ☐ Speaking	☐ Hearing ☐ Seeing	☐ Walking ☐ Learn	ning 🔲 Breathing		
☐ Caring for One's Self ☐ Performing Manual Tasks ☐ Other, specify:					
Safe Food Substitutes*:  Texture Modification, if applicable, specify below.  Liquids No Restrictions Thin Thickened (Nectar) Thickened (Honey) Thickened (Pudding)  Solids No Restrictions Mechanical Soft Chopped Mechanical Soft Ground 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, hazelnutsetc.) 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 List Others:	g products $\square$ Fis	sh 🗆 Shellfish [	□ Wheat		
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

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