**Peaster ISD School Nutrition Services**

**(817) 341-5000 x2038**

**(817) 341-5003 FAX**

**pmelton@peaster.net**

**Dietary Special Request Form**

**Shaded Portion Only To Be Completed By Parent or Guardian (Para ser completado por el padre o tutor)**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **(**Nombre del estudiante) (Fecha de nacimiento) (Escuela)

I understand that it is my responsibility to renew this form anytime my child's medical or health needs change. As parent or guardian, I give permission for Peaster ISD to contact the Physician's office regarding my child's dietary needs.

(Entiendo que es mi responsabilidad de renovar este formulario en cualquier momento médica o de salud que cambian las necesidades de mi hijo. Como padre o tutor, le doy permiso para que el Distrito de Peaster en contacto con la oficina del médico con respecto a las necesidades dietéticas de mi hijo.)

* My child will NOT be eating school prepared meals Mi hijo no se come escolares comidas preparadas
* My child WILL be eating school prepared meals

Mi hijo comerá escolares comidas preparadas

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Parent/Guardian’s Printed NamePadre / Guardián Nombre Impreso |  | Parent/Guardian’s SignatureFirma del padre / tutor |  | Telephone NumberNúmero de teléfono |

**The U.S. Department of Agriculture School Meals Program requires that ALL QUESTIONS BE ANSWERED (FRONT & BACK of form) in order for ANY diet modification or substitutions to be made in school meals.**

**THIS SECTION MUST BE COMPLETED BY PHYSICIAN’S OFFICE- NOT FILLED OUT BY PARENT OR GUARDIAN MUST BE SIGNED BY PHYSICIAN**

**IS THIS A LIFE THREATENING FOOD ALLERGY: □ YES □ NO**

**Check all foods that must be omitted:**

**□ Milk □ Dairy □ Peanut /Tree Nut □ Fish/Seafood □ Soy □ Egg □ Wheat □ Other:\_\_\_\_\_\_\_\_\_\_\_**

**Can the student consume foods where the allergen is an ingredient in the food? □ YES □ NO**

(Ex: Scrambled eggs are omitted, but eggs as an ingredient in food are allowed?)

Explain (if needed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Food Substitutions – Complete Peaster ISD Standard Food Substitution Sections on the back of this form**

(Note: Peaster ISD is not able to make substitutions, unless the Standard Food Substitution Form is completed.)

**Diagnosis and/or Disability -** please list student's diagnosis or disability and how the disability restricts diet.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Major Life activities affected by the life threatening food allergy or disability (check all that apply):**

(NOTE: Peaster ISD cannot honor this document unless at least one life activity is marked.)

□ Breathing □ Eating □ Caring for one’s self □ Performing manual tasks □ Walking

□ Hearing □ Speaking □ Learning □ Seeing □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please provide additional comments or information as related to diet and / or feeding techniques:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Physician’s Printed Name Physician’s Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Clinic/Facility Name Telephone**

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**Standard Food Substitution Form**

**To Be Completed By Physician's Office**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_

Physicians, please check the box next to the appropriate category heading. By signing below, the standard food substitutions are accepted unless the "No Substitution Needed" box is checked.

|  |  |  |
| --- | --- | --- |
|  | **No Substitution Needed** |  |
|  |  |  |
|  | **Peanut/Tree Nuts** |  |
|  | **Common School Food Item:** Peanut Butter & Jelly SandwichesGranola Bars Packaged Snacks, graham crackers, ice cream and cookies may be processed in a facility that contains peanuts or tree nuts | **School Substitution Could Include:**Fresh FruitJuice BarDeli or cheese Sandwich |
|  | **Milk Allergy/Intolerance** |  |
|  | **Common School Food Item:** Milk  | **School Substitution Could Include:**100% Fruit Juice or Water |
|  | **Dairy or Casein** |  |
|  | **Common School Food Item:** Pizza Products Mashed potatoesMost Mexican entreesMost school prepared breads | **School Substitution Could Include:**Deli Sandwich without cheeseHamburger on Bun |
|  | **Fish/Shellfish** |  |
|  | **Common School Food Item:** Fish nuggets/sticks or Fish SandwichPopcorn ShrimpTuna Salad | **School Substitution Could Include:**Hamburger on BunCheese Sandwich |
|  | **Wheat/Gluten** |  |
|  | **Common School Food Item:** Casserole itemsAll bread/buns & pizza crustBreakfast Cereal Gravies/Sauces  | **School Substitution Could Include:**Rice or Rice PastaCorn tortilla/taco shellOat or Rice CerealSandwich on Gluten free bread |
|  | **Soy** |  |
|  | **Common School Food Item:** Purchased entrees (pizza, hamburger, chicken nuggets) Salad dressings/sauces Most packaged snacks  | **School Substitution Could Include:**Baked ChickenYogurt, String CheeseDeli meat and sliced cheese |
|  | **Eggs** |  |
|  | **Common School Food Item:** Eggs/Breakfast taco or sandwich Mayo/Salad Dressing Waffles, pancakes, French toast sticks Breaded meat products  | **School Substitution Could Include:**Hamburger/Hot dog on BunMayo/Salad Dressing Cereal and toastBaked Chicken |

**Other Food Items to be omitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Physician’s Printed Name Physician’s Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Clinic/Facility Name Telephone**

Peaster ISD is not responsible for and cannot guarantee the accuracy or any child's diet. Products stocked by Peaster ISD can change due to supplier changes or substitutions or manufacturer's formulation changes.

Cafeteria managers and staff are not trained in dietary modifications. Parents are welcome to look at any ingredient label or recipe.

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