

Lake Worth Independent School District Diet Modification Form

PLEASE RETURN FORM TO THE SCHOOL NURSE

Please allow up to 2 weeks for processing. If unable to accommodate, parent will be notified in that time frame.

Student Information

Student's Name (Last, First): _____ DOB: _____ Student ID#: _____

By signing below, I acknowledge that it is my responsibility to notify any change in my child's dietary needs in writing on this form. I give Child Nutrition consent to make modifications to my child's meals and to speak with the healthcare personnel below to discuss the dietary needs on this form.

Parent/Guardian Signature _____ Date: _____

Phone Number: _____ Email: _____

Which meals will the student eat from the school cafeteria? (check all that apply)

Breakfast Lunch Afterschool Snack None *(if student does not eat from the cafeteria, modifications will not be arranged)*

Medical Information To Be Completed By A State Licensed Healthcare Professional

Does the child have a **life-threatening food allergy?** (check one) No Yes

Does the child have a **Disability affecting major life activity requiring diet modification?** (check one) No Yes

Food Allergy/ Food Item Omission

Can the student consume foods where **the allergen is an ingredient?** (Ex: egg in pasta or milk in pancakes)? Yes No

Foods to Omit			Foods to Substitute	
<input type="checkbox"/> All Dairy	<input type="checkbox"/> Fluid Milk	<input type="checkbox"/> Cheese	<input type="checkbox"/> Soy Milk	<input type="checkbox"/> Lactose Free Milk
<input type="checkbox"/> Gluten	<input type="checkbox"/> Wheat		<input type="checkbox"/> Gluten Free Diet	<input type="checkbox"/> Rice, Corn, other Grain
<input type="checkbox"/> Peanuts	<input type="checkbox"/> Tree Nuts		<input type="checkbox"/> Equivalent Protein	<input type="checkbox"/> Soy Butter
<input type="checkbox"/> Eggs	<input type="checkbox"/> Shellfish	<input type="checkbox"/> Codfish	<input type="checkbox"/> Chicken	<input type="checkbox"/> Beef
<input type="checkbox"/> Corn	<input type="checkbox"/> Soy		<input type="checkbox"/> Egg Substitute	<input type="checkbox"/> Rice
Other (please specify) _____			Other (please specify) _____	

Texture Modification LWISD Child Nutrition is following the IDDSI Guidelines for food texture modifications. For more information on guidelines, please visit IDDSI.org

Food texture (select 1):		Liquid texture (select 1):		Follow Guidelines For:	Duration (select 1):
<input type="checkbox"/> Regular	<input type="checkbox"/> Soft and Bite Sized	<input type="checkbox"/> Thin/ Regular	<input type="checkbox"/> Slightly Thick	<input type="checkbox"/> Pediatric	<input type="checkbox"/> Year-round
<input type="checkbox"/> Bite-Sized Pieces	<input type="checkbox"/> Minced & Moist	<input type="checkbox"/> Mildly Thick (Nectar)	<input type="checkbox"/> Moderately Thick (Honey)	<input type="checkbox"/> Adult	<input type="checkbox"/> Temporary: Start: _____ Stop: _____
<input type="checkbox"/> Easy to Chew	<input type="checkbox"/> Pureed				

Additional Notes: _____

State Licensed Healthcare Professional Information

Name of Licensed Healthcare Professional (Print): _____ Phone: _____

Signature of Licensed Medical Professional: _____ Date: _____

Name of Clinic/Hospital: _____ Questions? Contact Child Nutrition at 817-306-4214

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