

Lake Dallas ISD Child Nutrition Department Special Dietary Request Form

Student's Name (Last, First): _____	Date of Birth: _____	Student ID# _____
--	-----------------------------	--------------------------

Form should be completed by an authorized medical professional. Return completed form to Child Nutrition Office.
 Information submitted to Health Services at enrollment is NOT received by the Child Nutrition Department. This includes food allergies and intolerances. A completed dietary request form is the ONLY record the Child Nutrition Department receives and uses to document any special dietary needs.

Nutrition & allergen information is available on the Child Nutrition website to help you plan your child's meal.

1. Does the student have a disability, medical condition, or severe food allergy warranting a special diet? YES NO
A disability is defined as a physical or mental impairment which substantially limits one or more major life activities.
If "YES", please complete section A only.
If "NO", please complete section B only.

Please Note: The Child Nutrition department will attempt to accommodate non-life threatening food allergies or intolerances, but reserves the right to modify the menu based on product availability.

A. Menu modifications for students WITH disabilities and/or life-threatening allergies.

Section A.

Describe student's medical disability that which requires a meal modification (includes severe or life threatening food allergies).

Allergies that are life threatening/anaphylactic:

Yes, continue with this section No, refer to section B

Foods to omit from diet:

Dairy Allergy: No Fluid Dairy Milk No Yogurt No Cheese

Avoid all dairy products even in baked goods

Egg Allergy: No Whole Eggs No Eggs in baked goods

- Milk Tree Nut Peanut
 Fish Shellfish Wheat Soy
 Other:
- _____
- _____

Safe Food Substitutions:

B. Menu Modifications for Students WITHOUT Disabilities or Life-Threatening Allergies.

Section B.

Student is requesting a meal modification. Student's allergy/intolerance to foods below does not result in a life threatening/anaphylactic reaction.

Food Allergy/Intolerance:

Safe Food Substitutions:

Note: The Child Nutrition department will attempt to accommodate the substitution as requested but reserves the right to modify the menu based on product availability

I certify that the above named student needs to be offered food substitutes as described above due to their disability/life threatening food allergy or food intolerance/allergy.

Name of Medical Authority: _____ (PLEASE PRINT)

Office Phone Number: _____

Signature: _____ **Date:** _____
 (SIGNATURE REQUIRED)

I understand that if my child's medical or health needs should change, it is my responsibility to notify the Child Nutrition Department.

Parent/Guardian Name _____

Signature _____

Contact Phone Number of Parent/Guardian _____

Date _____

Please return form to Child Nutrition Office. For questions, please call: 940-497-2225

In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information is available in languages other than English. To file a complaint alleging discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410 fax: (202) 690-7442; or email: program.intake@usda.gov. This institution is an equal opportunity provider.