



Special Diet Request Form

Please check one of the following:

- New Special Diet Request
- Renew Existing Special Diet Request
- Change Current Special Diet Request
- Temporary Diet Order: (State Date: _____ End Date: _____)
- Cancel Diet Request

Part I: To be filled out by the parent/guardian:

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

DOB: _____ Campus Name: _____

Parent/Guardian Name (printed): _____

Datetime Phone #: _____

I understand it is my responsibility to notify the district and the Child Nutrition Department if my student's nutrition needs change. I give Princeton ISD Student Child Nutrition Department permission to speak with the Physician and/or medical authority to discuss the dietary needs described below.

Parent/Guardian Signature: _____

Part II Instructions: To be filled out and completed ONLY by a Physician or recognized Medical Authority treating student.

Part II: Disability & Food Allergy (Non-life threatening and Life Threatening)

Diagnosis or condition which restricts diet:

A: Therapeutic Diet Order:

- Diabetic-Carbohydrate Allowance: Breakfast _____ g Lunch _____ g
- Cardiac: Fat: _____ g Na: _____ g
- PKU: Protein: Breakfast _____ g Lunch _____ g
- Renal: Na: _____ g K: _____ g Phos: _____ g
- Sodium Restrictions: Na: _____ g
- Celiac Disease: _____
- Other: _____

B. Texture Modification:

Liquids: _____ Thin _____ Thickened (Nectar) _____ Thickened (Honey) _____ Thickened (pudding)

Solids: _____ Mechanical Soft Chopped _____ Mechanical Soft Ground _____ Pureed

C. Food Allergy (Life Threatening/Anaphylactic):

Students with allergies will have an alert placed on their student nutrition account to prevent consumption.

Select the appropriate box based on the student's allergy reaction.

- Life Threatening Allergy - Anaphylactic
- Non-Life Threatening Allergy / Food Intolerance

Please indicate by placing a check mark in the appropriate box:

Milk/Dairy Allergy:	Avoid fluid milk only	Avoid all dairy products (fluid milk, cheese, yogurt, ice cream)	Avoid dairy in baked goods
Eggs:	Whole eggs	Egg as an ingredient (i.e. eggs used to make a recipe such as pancakes, waffles, etc.)	
Nuts:	Peanuts	Tree Nut (walnuts, pecans, almonds, hazelnuts, etc.)	
Soy:	Avoid soy milk only	Avoid all soy containing products	
Sesame Seeds:			
Wheat:			
Fish:			
Shellfish:			
Other:			
Food Substitutions:			

Printed Name of Medical Authority: _____

Prescribing Medical Authority Figure Signature: _____

Date: _____ Contact Phone Number: _____

Fax Number: _____ Physical Address: _____