

## 2024-2025 SPECIAL DIET REQUEST FORM

### PART I: To be filled out by the parent/guardian

Student's Name (Last, First): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Student ID #: \_\_\_\_\_

School Name: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Parent/Guardian Name (printed): \_\_\_\_\_

I understand it is my responsibility to renew this form before each school year and anytime my student's nutrition needs change. I give Wylie ISD Student 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: \_\_\_\_\_ g

Renal: Na: \_\_\_\_\_ g K \_\_\_\_\_ g Phos \_\_\_\_\_ g

Sodium Restrictions: Na \_\_\_\_\_ g

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 food intolerance/non-life threatening allergies will have an alert placed on their student nutrition account to prevent consumption.*

*We encourage parents and students to view school menus on the district's website for more allergy information.*

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

Life Threatening Allergy- Anaphylactic

Non-Life Threatening Allergy/Food Intolerance

Milk/Dairy Allergy:  Avoid fluid milk only  Avoid all dairy products (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

Other:  Wheat  Sesame  Fish  Shellfish

Name of Medical Authority: \_\_\_\_\_

Prescribing Medical Authority Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

**To be completed by Student Nutrition Office** Date Received by SN: \_\_\_\_\_ Code Entered in Skyward: \_\_\_\_\_