



South San Antonio Independent School District
Student Special Diet Medical Statement Form

School Year \_\_\_\_\_

Student's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

To Be Completed by Licensed Physician

Does the student have a medical disability which affects one of the major life functions which necessitates a meal accommodation? [ ] Yes [ ] No

Does the student have a special dietary need that will be helped by a meal accommodation? [ ] Yes [ ] No

How does this medical disability or special dietary need impact the student's diet? \_\_\_\_\_

What meal accommodation(s) are appropriate to address the student's medical disability or special dietary needs? Please check all that apply.

Does student have a milk intolerance? [ ] Yes [ ] No

If yes, please indicate level of milk restriction.

- [ ] Milk to drink only. May have Lactose Free Milk or Soy Milk. (Circle which if allowed)
[ ] All dairy products including milk, cheese, yogurt, margarine, ranch dressing
[ ] No restriction necessary. Student takes 'Lactaid' medication.
[ ] Drinking water is available for all students.

Does student have food allergies? [ ] Yes [ ] No

If yes, please indicate food(s).

- [ ] Peanuts/Tree Nuts
[ ] Milk & Milk Proteins - Includes all milk solids, including casein, whey, lactalbumin.
[ ] Wheat - Includes all wheat flour, starch, wheat extracts, thickeners, etc. (Not Gluten Free)
[ ] Soy - Includes all forms of soy, including soy flour, soy fiber, soy albumin

Can students tolerate soy lecithin and soybean oil? [ ] Yes [ ] No

- [ ] Eggs - Includes egg white and yolk, dry eggs and egg solids
[ ] Fish
[ ] Other \_\_\_\_\_

This space may be used to indicate the degree of restriction for food allergies listed above.

(i.e. Eggs, restrict whole eggs only. Student can tolerate eggs cooked into baked goods.)

List foods/beverages to be substituted for food being restricted (i.e. substitute water for milk, rice for wheat)

- [ ] Dysphagia Meals- Only for students with a medical diagnosis of dysphagia
\_\_\_\_\_ Pureed \_\_\_\_\_ Minc'd & Moist (Previously Mechanical Soft Chopped)
\_\_\_\_\_ Soft & Bite-Sized (Previously Mechanical Soft) \_\_\_\_\_ Other: \_\_\_\_\_

Does student need thickener to be provided by nutrition services? [ ] Yes [ ] No

Licensed Physician (Print): \_\_\_\_\_ Date \_\_\_\_\_

Licensed Physician Signature: \_\_\_\_\_ Phone \_\_\_\_\_

Registered Dietitian working with case: \_\_\_\_\_ Phone \_\_\_\_\_

**PARENT/GUARDIAN:**

Some substitutions may not be available or allowed. A meeting with the Child Nutrition Director may be needed for additional clarification. Under no circumstances are Child Nutrition Department Staff allowed to revise or change a diet prescription or medical order. School menus are available online at <https://www.southsanisd.net/Page/521>

I understand that if my child's medical or health needs change, it is my responsibility to notify the school nurse and also have the physician complete a new Special Dietary Medical Statement Form.

\_\_\_\_\_  
Parent/Guardian Signature:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Day Time Phone No.

\_\_\_\_\_  
Email Address (if available)

**PLEASE RETURN COMPLETED FORM TO SCHOOL NURSE - ALLOW TWO (2) WEEKS FOR PROCESSING**

**Child Nutrition Services  
Office: 210-977-7525  
Email: [debra.rice@southsanisd.net](mailto:debra.rice@southsanisd.net)**