

## ARGYLE ISD Student Nutrition Special Diet Request Form

This form must be completed and signed by a recognized medical authority.

When completed, this form gives schools the information required by the U.S. Department of Agriculture (USDA), U.S. Office for Civil Rights (OCR), and U.S. Office of Special Education and Rehabilitative Services (OSERS) for meal modifications at school.

Student's Name (Last, First)	Date of Birth:	Student ID#
<p><b>A: Menu Modifications for Students <u>WITH</u> Disabilities and/or Life-Threatening Allergies</b></p> <p>Students with disabilities and/or life-threatening allergies who require changes to the basic meal are required to provide documentation with accompanying instructions from a licensed physician. This is to ensure that the modified meal meets USDA requirements and to ensure that the modifications meet nutrition standards that are medically appropriate for the student.</p> <p><b>1. The student has a disability and/or allergies that are life-threatening/anaphylactic:</b></p> <p><input type="checkbox"/> Yes, continue with this section    <input type="checkbox"/> No, refer to section B</p> <p><b>2. Describe the student's medical condition/disability that requires a meal modification:</b></p> <p><input type="checkbox"/> <b>Milk Allergy</b> (k-12 students are not required to take milk as part of a reimbursable meal)</p> <p style="margin-left: 20px;"><input type="checkbox"/> No Fluid Dairy Milk    <input type="checkbox"/> No Yogurt    <input type="checkbox"/> No Cheese</p> <p style="margin-left: 20px;"><input type="checkbox"/> Avoid all Milk, even in baked goods</p> <p><input type="checkbox"/> <b>Egg Allergy</b></p> <p style="margin-left: 20px;"><input type="checkbox"/> No Eggs    <input type="checkbox"/> No Egg Whites</p> <p style="margin-left: 20px;"><input type="checkbox"/> Avoid all Eggs, even in baked products</p> <p><input type="checkbox"/> <b>Soy Allergy</b></p> <p style="margin-left: 20px;"><input type="checkbox"/> No Products containing soy</p> <p style="margin-left: 20px;"><input type="checkbox"/> No products containing soybean oil or soy lecithin</p> <p><input type="checkbox"/> <b>No Wheat/Gluten</b>    <input type="checkbox"/> <b>No Peanuts</b>    <input type="checkbox"/> <b>No Tree Nuts</b></p> <p><input type="checkbox"/> <b>No Fish</b>    <input type="checkbox"/> <b>No Shellfish</b></p> <p><input type="checkbox"/> <b>Other (please list)</b></p> <p>_____</p> <p><b>3. Safe food substitutions:</b></p> <p>_____</p> <p>_____</p>	<p><b>B. Menu Modifications for Students <u>WITHOUT</u> Disabilities or Life-Threatening Allergies</b></p> <p>Students without disabilities or life-threatening allergies, but with special dietary needs requiring food substitutions or modifications, may request the school foodservice meet their special nutrition needs. The school food authority will decide these substitutions on a case-by-case basis. Documentation with accompanying information must be provided by a recognized medical authority.</p> <p><b>1. Please check whether the student has an allergy or intolerance*</b></p> <p style="margin-left: 20px;"><input type="checkbox"/> ALLERGY    <input type="checkbox"/> INTOLERANCE</p> <p><b>2. Student's allergy/intolerance to the food(s) below does not result in a life-threatening/anaphylactic reaction:</b></p> <p><input type="checkbox"/> <b>Milk Allergy</b> (k-12 students are not required to take milk as part of a reimbursable meal)</p> <p style="margin-left: 20px;"><input type="checkbox"/> No Fluid Dairy Milk    <input type="checkbox"/> No Yogurt    <input type="checkbox"/> No Cheese</p> <p style="margin-left: 20px;"><input type="checkbox"/> Avoid all Milk, even in baked goods</p> <p><input type="checkbox"/> <b>Egg Allergy</b></p> <p style="margin-left: 20px;"><input type="checkbox"/> No Eggs    <input type="checkbox"/> No Egg Whites</p> <p style="margin-left: 20px;"><input type="checkbox"/> Avoid all Eggs, even in baked products</p> <p><input type="checkbox"/> <b>Soy Allergy</b></p> <p style="margin-left: 20px;"><input type="checkbox"/> No Products containing soy</p> <p style="margin-left: 20px;"><input type="checkbox"/> No products containing soybean oil or soy lecithin</p> <p><input type="checkbox"/> <b>No Wheat/Gluten</b>    <input type="checkbox"/> <b>No Peanuts</b>    <input type="checkbox"/> <b>No Tree Nuts</b></p> <p><input type="checkbox"/> <b>No Fish</b>    <input type="checkbox"/> <b>No Shellfish</b></p> <p><input type="checkbox"/> <b>Other (please list)</b></p> <p>_____</p> <p><b>3. Safe food substitutions:</b></p> <p>_____</p> <p>_____</p> <p style="color: red; font-size: small;">*Note: Student Nutrition Services will attempt to accommodate substitutions as requested but reserves the right to modify the menu based on available products.</p>	
<p><b>C. Religious/Personal Beliefs Food Restrictions: (only requires parent/guardian signature)</b></p> <p><input type="checkbox"/> No Pork    <input type="checkbox"/> No Beef    <input type="checkbox"/> No Poultry    <input type="checkbox"/> No Fish</p>		
<p><b>Parent/Guardian:</b></p> <p>I understand that it is my responsibility to renew this form prior to each school year. I understand that if my child's medical or health needs change, it is my responsibility to provide documentation from my child's physician to the Student Nutrition office and the school nurse.</p> <p>Parent/Guardian Signature/Date: _____</p> <p>E-mail Address: _____</p> <p>Contact Number: _____</p> <p><b>Recognized Medical Authority:</b></p> <p>I certify that the above-named student requires food substitutions as described above because of the student's disability/life-threatening food allergy or food intolerance/food allergy as indicated.</p> <p>Medical Authority Signature/Date: _____</p> <p>Printed Name of Medical Authority: _____</p>		