



**CHILD NUTRITION DEPARTMENT  
SPECIAL DIETARY REQUEST FORM  
2025-2026**

- New Dietary Request**  
 **Renew Existing Special Diet**     **Change/Modify and Existing Dietary Request**  
 **Temporary Diet Order**    **Start Date:**     **End Date:**

*Part A: To be completed by Parent/Guardian*

Student Name     Date of Birth:   
 Name of School     Grade:     School ID:

*Part B: To be completed by Medical Authority*

**Diagnosis or special dietary condition which restricts diet:**

**Does the child have a disability?**     **Yes**     **No**  
 If yes, describe the major life activities affected by the disability and why the disability restricts the child's diet.

**Does the child have an EPI Pen at the Campus?**     **Yes**     **No**

**Does the child have a special nutritional or feeding needs?**     **Yes**     **No**  
 If yes, complete the information below:

**Food Allergy or Intolerance**

- |   |  |
|---|--|
| <input type="checkbox"/> Milk Allergy         | <input type="checkbox"/> No Liquid Cow's Milk  |
| <input type="checkbox"/> Dairy Allergy        | <input type="checkbox"/> No Yogurt <input type="checkbox"/> No Cheese <input type="checkbox"/> No Sour Cream |
|   | <input type="checkbox"/> Avoid all dairy products even baked goods   |
| <input type="checkbox"/> Egg Allergy          | <input type="checkbox"/> No Whole Eggs <input type="checkbox"/> No Eggs Whites                               |
|   | <input type="checkbox"/> No Eggs in baked goods  |
| <input type="checkbox"/> No Wheat             | <input type="checkbox"/> No Gluten/Celiac Disease  |
| <input type="checkbox"/> No Fish              | <input type="checkbox"/> No Shellfish  |
| <input type="checkbox"/> No Soy Protein/Flour | <input type="checkbox"/> No Soy Oil/Lecithin   |
| <input type="checkbox"/> No Peanut            | <input type="checkbox"/> No Tree Nut   |
| <input type="checkbox"/> No Corn              | <input type="checkbox"/> Food Allergy NOT APPLICABLE   |

Other Please List: \_\_\_\_\_

Please identify appropriate substitutions for the foods to omit above, if appropriate: \_\_\_\_\_



**Texture Modification**

**Liquids**

- Thin (Regular Liquids)
- Nectar Thick
- Honey Thick
- Pudding Thick

**Solids**

- Mechanical Soft (chopped)
- Mechanical Soft (ground)
- Pureed (Applesauce texture)
- Modification NOT APPLICABLE**

**Note:** The Child Nutrition Dept. 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 substitutions as described above because of the student's disability/life threatening food allergy or food intolerance/allergy as indicated.

Prescribing Physician/Medical Authority Signature X \_\_\_\_\_

Printed Name of Medical Authority \_\_\_\_\_ Date \_\_\_\_\_

Name of Practice \_\_\_\_\_ Phone Number \_\_\_\_\_

- MD
- DO
- PA
- NP
- SLP

**Part C: To be completed by Parent/Guardian**

I understand that if my child's medical or health needs change, it is my responsibility to alert the Child Nutrition Department of the changes. I also give my permission for the department personnel responsible for implementing my child's special diet to discuss my child's dietary accommodations with my child's authority. This form must be filled out completely BEFORE any dietary modifications can be made.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Email of Parent/Guardian \_\_\_\_\_ Phone Number \_\_\_\_\_

Student Name \_\_\_\_\_

Office Received By: \_\_\_\_\_

Notice Sent to Manager \_\_\_\_\_ Date \_\_\_\_\_

Fax Completed Form to: 817-547-5552  
 Birdville ISD, Child Nutrition Department  
 3120 Carson Street, Haltom City, TX 76117  
 Telephone: 817-547-5860

In accordance with federal civil rights 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, disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of



communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), 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. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue  
SW Washington, D.C. 20250-9410; or
2. fax: (833) 256-1665 or (202) 690-7442; or
3. email: [program.intake@usda.gov](mailto:program.intake@usda.gov) .

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