



Special Diet Statement

Please complete for School Meals and Classroom Information Purposes.
Return to your student's campus or email to foodservice@pearlandisd.org or
Fax to 281-412-1435

PART 1: STUDENT INFORMATION – PARENT OR GUARDIAN MUST COMPLETE. PLEASE PRINT

Student's Name: _____ Date of Birth: _____

Parent/Guardian Name: _____ Phone Number: _____

Meals to be purchased at school: Breakfast Lunch This student will bring all meals and snacks from home.

As parent or guardian, I give permission for Pearland ISD School Nurse and Food Service Dietitian to contact the Physician's Office regarding my child's dietary needs: _____ (Signature)

PART 2: Medical Documentation of Need for Special Diet Modification: Must be completed by LICENSED PHYSICIAN, NURSE PRACTITIONER, PHYSICIAN ASSISTANT OR REGISTERED DIETITIAN

Food Allergy: Please check the box for the specific food allergy the student has

- Peanuts and Peanut Butter** **Tree Nuts** **Fish** **Shellfish**
- Eggs: Whole Eggs Only** **Eggs: Both as Whole Eggs and when used as an Ingredient**
- Milk: Fluid, Fresh Milk Only** **Milk: Both as Fluid, Fresh and as an Ingredient**
- Wheat** **Sesame** **OTHER** _____

Lactose Intolerant: No Regular Cow's milk. Lactose Free Milk and regular Cheese is allowed.

Lactose Intolerant: No Regular Cow's milk and No cheese. Lactose Free Milk allowed.

Additional information related to the student's need for a modified diet or substitutions:

Licensed Provider Name / Credentials (print): _____

(Physician, Nurse Practitioner, Physician's Assistant, or Registered Dietitian)

Provider Signature: _____ **Date:** _____

Clinic Name: _____

Phone: _____ **Fax:** _____

OFFICE: Student ID# _____ Campus _____ Grade _____

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<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 This institution is an equal opportunity provider.