TANGIPAHOA PARISH SCHOOL SYSTEM
EST. 1896

Tangipahoa Parish School System
Child Nutrition Program

59656 Puleston Road, Amite, LA 70422 | Phone: 985-748-2480 | Fax: 985-748-2487

2026-2027 School Year Special Diet Request Form

Please complete the form below and submit it by fax to **985-748-2487**, email to carolyn.mcpherson@tangischools.org, or return a printed copy to your child's school nurse.
For the safety of the student, this form must be completed legibly and renewed annually.

Student's Name: _____ Date of Birth: _____

School: _____ Grade/Classroom: _____

Parent's Name: _____ Parent's E-mail: _____

Address: _____ Telephone: _____

(Street or P.O. Box) City Zip

TO BE COMPLETED BY A LICENSED MEDICAL AUTHORITY

List Disability/Medical Condition(s) that require special dietary needs:

_____

_____

Diet Prescription & Allergen Checklist (please check all that apply)

☐ **Diabetic**

A. Carbohydrate Count Required? ☐ Yes ☐ No

B. Target Carbohydrate Amount per Meal:

Breakfast: _____ grams

Lunch: _____ grams

C. Additional Instructions: _____

☐ **Lactose Intolerance (eliminate fluid milk):**

A. **Allow** other dairy products (cheese, yogurt, ranch dressing, ice cream, etc.) ☐ Yes ☐ No

B. **Allow** entrees with cooked dairy ingredients (macaroni & cheese, pizza, etc.) ☐ Yes ☐ No

☐ **Milk Protein Allergy**

- **Diet Restriction:** Restricts all foods and beverages containing milk or milk-derived ingredients.
- **Common School Items:** Milk, cheese, yogurt, ranch dressing, gravy, ice cream, baked goods, some bread products, some breaded entrées, and most breakfast entrées.

This institution is an equal opportunity provider.

☐ **Egg Allergy**

- **Diet Restriction:** Restricts all foods containing egg or egg-derived ingredients.
- **Common School Items:** Breaded meats, baked goods, pancakes, waffles, French toast, and most breakfast entrées.

☐ **Egg Intolerance (eliminate eggs in pure form):**

A. **Allow** eggs as an ingredient in foods (baked goods, breading on chicken products/entrées, mayonnaise, ranch dressing, etc.) ☐ Yes ☐ No

☐ **Wheat Allergy**

- **Diet Restriction:** Restricts all foods containing wheat or wheat-derived ingredients.
- **Common School Items:** Bread, buns, rolls, crackers, breaded entrées, pizza, pasta, most breakfast entrées, cookies.

☐ **Gluten-Free Diet (Celiac Disease/Gluten Sensitivity)**

- **Diet Restriction:** Restricts all foods containing gluten, including wheat, rye, barley, and ingredients derived from these grains.
- **Common School Items:** Bread, buns, rolls, crackers, breaded entrées, pizza, pasta, most breakfast entrées, cookies.

☐ **Soy Allergy**

- **Diet Restriction:** Restricts all foods containing soy or soy-derived ingredients.
- **Common School Items:** Protein based entrees such as chicken patties, breading on meats, bread/buns, pizza, orange chicken, most breakfast entrées, and some salad dressings.

A. **Allow** foods containing soybean oil & soy lecithin? ☐ Yes ☐ No

☐ **Sesame Allergy**

- **Diet Restriction:** Restricts all foods containing sesame, sesame seeds, or sesame oil.
- **Common School Items:** Buns, rolls, and teriyaki sauce.

☐ **Fish Allergy**

- **Diet Restriction:** Restricts all foods containing fish.
- **Common School Items:** Fish sticks, tuna salad.

☐ **Shellfish Allergy**

- *Shellfish is not currently served in our cafeterias.*

☐ **Peanut Allergy**

- *Peanut products are not currently served in our cafeterias.*

☐ **Tree Nut Allergy**

- *Tree nut products are not currently served in our cafeterias.*

Emergency Allergy Information

- **Epinephrine Auto-Injector (EpiPen) Prescribed at School?** ☐ Yes ☐ No

List **any other foods** that must be **restricted** as part of this special diet request:

_____

_____

Texture Modification (please check all that apply)

Liquids: ☐ Thin ☐ Slightly Thick ☐ Mildly Thick ☐ Moderately Thick ☐ Extremely Thick

Solids: ☐ Pureed ☐ Minced & Moist ☐ Soft & Bite-Sized ☐ Easy to Chew

Additional Diet Instructions:

_____

_____

☐ **Religious Reasons:** *(Does not require physician signature)*

_____

I certify that the information provided above is accurate and that this student requires modified school meals and accommodations as described due to a disability or medical condition that affects their diet.

Office Address: _____ **Office Telephone:** _____

_____ **Office Fax:** _____

Medical Authority Name (Print): _____ **Date:** _____

Medical Authority Signature: _____ **Phone:** _____

DISTRICT OFFICE USE ONLY:

Date Received: _____ **Date Processed:** _____ **RD Initials:** _____

Notes/ Comments:

_____