

Dietary Request Form

This form is to be completed by an authorized medical professional. Return completed form to the school nurse.

Information submitted to Health Services at enrollment is NOT received by the Child Nutrition Department. This includes food allergies and intolerances. A completed dietary request form is the ONLY record the Child Nutrition Department receives and uses to document any special dietary needs. Nutrition & allergen information is available on the Child Nutrition website to help you plan your child's meal. The Child Nutrition Department will attempt to accommodate non-life threatening food allergies or intolerances, but reserves the right to modify the menu based on product availability.

Note: Only the parent's signature is required if the accommodation requested is for *fluid milk substitute*.

Student's Name (Last, First):		Student ID#:	
School/Grade Level:		Date of Birth	
Section 1: Does the student have a disability, medical condition, or life threatening/severe food allergy warranting a special diet? ☐ Yes ☐ No If "YES", please specify the disability: Major life activity affected by the disability:			
Section 2: Student Diagnosis/Condition (check one): ☐ Food Intolerance ☐ Food Allergy			
Section 3: Please choose foods to omit from a student's diet during the school day (select all that apply):			
<u>Dairy:</u> ☐ Fluid Dairy Milk ☐ Yogurt ☐ Cheese ☐ Avoid ALL dairy products	<u>Eggs:</u> ☐ Whole eggs ☐ All menu items with egg listed as ingredient <u>Fish/Shellfish:</u> ☐ Fish ☐ Shellfish	<u>Nuts:</u> ☐ Peanuts ☐ Tree Nuts <u>Wheat/Gluten:</u> ☐ All menu items with wheat listed as an ingredient	<u>Corn/Soy:</u> ☐ Whole corn (corn kernels, corn muffin) ☐ All menu items with corn listed as an ingredient ☐ Soy oil ☐ All menu items with soy listed as an ingredient
Other (please specify):			
Safe food substitute:			
I certify that the above named student needs to be offered food substitutes as described above due to their disability/life threatening food allergy or food intolerance/allergy.			
Name of Medical Authority:			
Office Phone Number:			
Signature of Medical Professional:		Date:	
DISTRICT USE ONLY:			
School Nurse:		Nurse Signature:	
<i>School nurse is to sign completed form and provide a copy to the Child Nutrition Office.</i>			

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 (including gender identity and sexual orientation), 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. This institution is an equal opportunity provider.