



Tempe School District No. 3 Special Diet Request Form

Child's name: _____ School: _____ Date of Birth: _____
Parent/Guardian's Name: _____ Phone number: (____) _____

Lactose Free Milk Substitute

The beverage to be provided is **Non Lactose Milk**. If a different milk substitute is needed, a medical statement is required.

Parent/Guardian Signature for **Lactose Free Milk**: _____ Date: _____
(If no other diet modifications needed, please sign on the line above and return this form)

Allergies and Medically Necessary Diets

Must be completed by a state licensed healthcare professional: physician, physician's assistant, nurse practitioner, dentist, homeopathic physician, naturopathic physician, registered dietitian or osteopathic physician.

Diagnosis related to diet modification: _____

Allergy: ☐ Peanut ☐ Tree Nuts ☐ Eggs ☐ Fish/Shellfish ☐ Wheat ☐ Soy ☐ Dairy proteins

Please Check All That Apply:

- ☐ Severe Symptoms/Life Threatening ☐ Mild Symptoms and managed with moderate supervision
☐ Self-controlled, no accommodations needed by school staff ☐ Meals brought from home

SEVERE Symptoms:

- ☐ MOUTH – significant swelling of the tongue and/or lips
☐ THROAT – tight, hoarse, trouble breathing/swallowing
☐ LUNG – shortness of breath, wheezing, repetitive cough
☐ SKIN – many hives over body, widespread redness
☐ GI – repetitive vomiting or severe diarrhea
☐ OTHER – please specify: _____

MILD Symptoms:

- ☐ Mouth – itchy mouth
☐ NOSE – itchy/runny
☐ SKIN – a few hives, mild itch
☐ GI – mild nausea/discomfort

Foods to be restricted from the child's diet (Required):

Substitutions to provide in place of above food items or recommended food items (Required):

Licensed Healthcare Professional

Name (Print): _____ Signature: _____

Phone number: (____) _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

If you have any questions, please call Nutrition Services at 480-642-1541 or contact email below.



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Return to the Program's Office or Email to Nutrition Services at nutritionservices@tempeschools.org

Special Meal Accommodations

Dear Parents/Guardians,

At Tempe Elementary School District, we understand the importance of dietary accommodations for medical conditions affecting our students. The Nutrition Services will provide special diet accommodations to students with disabilities or medical conditions. The attached **Special Medical Diet Request Form** must be completed and signed by a state licensed health care professional authorized to write medical prescriptions. Lactaid milk is offered to children that cannot drink milk due to lactose intolerance. To request this substitution, please fill out *only* the top portion of the attached form, signed by a parent/guardian (no health care professional signature is required).

The Special Medical Diet Request Form must be completed in its entirety and returned to your child's school Nurse's office or emailed to nutritionservices@tempeschools.org. This form must be updated if any changes in medical history should occur anytime throughout the year or into a new school year. Please allow up to 5-7 business days for processing. We use this time to ensure we have all the necessary information to complete the diet plan and communicate with all parties involved.

Our schools are peanut/food allergy sensitive and the focus is on awareness, communication, prevention, emergency response, and education; The school cafes are not a "peanut-free environment." Parents with concerns must have the form completed and signed as well as contact the school nurse, to plan the best course of action.

Nutrition Services does not accommodate special diets based on personal preferences or religious beliefs. We address this by offering a variety of menu options every day in the form of choices. We do not have any pork on our menu.

Nutritional and allergen information is available by accessing online menus at [LINQ MENU](#).

For questions or concerns, please contact Nutrition Services at 480-642-1541 or reach out to Nutrition Services at: nutritionservices@tempeschools.org