



2026-2027 Special Diet Request Form

This form must be filled out completely BEFORE any dietary modifications or substitutions can be made. Schools are not required to make modifications to meals based on food preferences. View menus at www.wylieisd.net.

Student Name		DOB	Grade		
School	Parent Email		Student ID		
Which meals will your student be eating from the school cafeteria?		☐ Breakfast	☐ Lunch		
Part A: To be completed by a Physician or recognized Medical Authority treating student.					
Diagnosis or condition:					
Select the severity of the student's diagnosis or condition.					
☐ Severe Food Allergy (life-threatening)		☐ Non-Life Threatening Allergy/Food Intolerance			
Select food(s) to OMIT from the student's diet during the school day.					
<u>Dairy</u>	<u>Eggs</u>	<u>Soy</u>	<u>Nut/Seeds</u>	<u>Grains/Gluten</u>	<u>Fish/Shellfish</u>
☐ Fluid Milk	☐ Whole Eggs	☐ Soy milk	☐ Peanuts	☐ Wheat	☐ Fish
☐ Cheese	☐ Egg whites	☐ All soy	☐ Tree Nuts	☐ Corn	☐ Shellfish
☐ Yogurt	☐ Egg as an	☐ Sesame	☐ Oats		
☐ Ice Cream	ingredient				
☐ All dairy products					
☐ Dairy as an ingredient					
Other food(s) to OMIT (please specify):					
Texture Modifications					
Liquids:	☐ Thin	☐ Nectar	☐ Honey	☐ Pudding	
Solids:	☐ Mechanically Soft-Chopped	☐ Mechanically Soft-Ground	☐ Pureed		
Other:					
List any special feeding equipment or utensil(s) needed:					
Physician/Provider Name		Signature	Date		
Physician/Provider Phone Number		Physician/Provider Fax Number			

Parent/Guardian Acknowledgement: *I understand it is my responsibility to renew this form any time my child's medical needs change. I authorize Student Nutrition or the School Nurse and the signing physician/medical authority to confidentially discuss or clarify this special diet request.*

(Parent/Guardian Signature)

(Print Name)

(Date)

(Phone)

RETURN COMPLETED FORM TO SCHOOL NURSE

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, audiotope, 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.