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.

Dairy	Eggs	Soy	Nut/Seeds	Grains/Gluten	Fish/Shellfish
☐ Fluid Milk	☐ Whole Eggs	☐ Soy milk	☐ Peanuts	☐ Wheat	☐ Fish
☐ Cheese	☐ Egg whites	☐ All soy	☐ Tree Nuts	☐ Corn	☐ Shellfish
☐ Yogurt	☐ Egg as an ingredient		☐ Sesame	☐ Oats	
☐ Ice Cream					
☐ 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	Physican/Provider Fax Number	

Parent/Guardian Acknowledgement: *I understand it is my responsibilty 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