



Sharyland ISD
CNP Department

2026-2027 SPECIAL DIET REQUEST FORM

☐ **APPROVED**

☐ **DENIED**

Notes: _____

☐ **New** Special
Diet Request

☐ **Change** Current Special
Diet Request

☐ **Renew** Existing Special
Diet Request

☐ **Temporary** Special Diet Request
(Start _____ & End Date _____)

Student's Full Name (printed): _____

Date of Request: _____

Last: _____ First: _____

School: _____

Date of Birth: _____

Grade: _____

Student ID#: _____

Parent/Guardian Name (printed): _____

Daytime Phone # _____ Email: _____

Which meals will the student eat from the school cafeteria?

☐ Both Breakfast and Lunch ☐ Breakfast Only ☐ Lunch Only ☐ None (If the student does not eat from the cafeteria, no modification will be arranged)

I understand it is my responsibility to renew this form before each school year and anytime my child's nutritional needs change. I give Sharyland ISD Child Nutrition Program permission to speak with the below-named physician or recognized medical authority to discuss the dietary needs described below.

Parent/Guardian signature: _____ Date: _____

To Be Completed Only by Physicians, Physician Assistants, Nurse Practitioners, or Registered Dietitians

MD/DO/PA/NP/RD Must Attach Supporting Medical Documentation to Confirm Claimed Food Allergy and/or Disability

Prescribing Medical Authority Name (printed): _____ Telephone: _____ Fax: _____

Signature: _____ Date: _____

Address (street, city, state, ZIP): _____

Part I: Non-Life Threatening Food Allergy (check ALL that apply)

DIRECTIONS: Part I to be filled out and completed ONLY by a Licensed Medical Authority treating the student:

- Part I - If the student has a Non-Life Threatening Food Allergy (***approved on a case by case basis, Sharyland ISD is not required to make dietary modifications for Non-Life Threatening Food Allergies***).

Eggs: ☐ whole eggs ☐ egg as an ingredient, i.e. scrambled eggs are omitted and egg as an ingredient in pancake is not allowed

Nuts: ☐ peanuts ☐ tree nuts (walnuts, pecans, almonds, hazelnuts...etc.) ☐ sesame seeds

Milk/Dairy allergy: ☐ Avoid fluid milk only ☐ Avoid all dairy products (fluid milk, cheese, yogurt, ice cream) ☐ Avoid dairy in all baked goods

Soy: ☐ Avoid soy milk only ☐ Avoid all soy containing products ☐ Fish ☐ Shellfish ☐ Wheat

List of Others: _____

Please identify the food or choice of foods to be substituted: _____

PART II. Disability & *Life-Threatening Food Allergies*; additional supporting medical documentation is required

DIRECTIONS: Part II to be filled out and completed **ONLY** by a Licensed Medical Authority treating the student:

- Part II/Section A & B - If the student has a Disability and/or Life-Threatening Food Allergy

SECTION A: DISABILITY

Check all disabilities requiring meal modifications:

- | | | | |
|---|--|--|--|
| ☐ Cerebral Palsy | ☐ Epilepsy | ☐ Muscular Dystrophy | ☐ Nephritis |
| ☐ Cancer/Leukemia | ☐ Orthopedic Impairment | ☐ Diabetes | ☐ Drug Addiction/Alcoholism |
| ☐ Hearing Impairment | ☐ HIV Disease | ☐ Autism | ☐ Other: _____ |
| ☐ Traumatic Brain Injury | ☐ Mental Retardation | ☐ Emotional Disturbance | _____ |
| ☐ Speech Impairment | ☐ Visual Impairment | ☐ Multiple Sclerosis | _____ |

Major life activity affected by DISABILITY: Note: Sharyland ISD cannot honor this Request Form unless at least one life activity is marked.

- | | | | | | | |
|--|--|--|---------------------------------|----------------------------------|-----------------------------------|------------------------------------|
| ☐ Eating | ☐ Speaking | ☐ Hearing | ☐ Seeing | ☐ Walking | ☐ Learning | ☐ Breathing |
| ☐ Caring for One's Self | ☐ Performing Manual Tasks | ☐ Other, specify: _____ | | | | |

Diet Order: Please list Diet modifications, portion size modifications & Feeding Utensils If needed

Safe Food Substitutes*:

- ☐ **Texture Modification**, if applicable, specify below.

- | | | | | | |
|---------|--|--|---|--|--|
| Liquids | ☐ No Restrictions | ☐ Thin | ☐ Thickened (Nectar) | ☐ Thickened (Honey) | ☐ Thickened (Pudding) |
| Solids | ☐ No Restrictions | ☐ Mechanical Soft Chopped | ☐ Mechanical Soft Ground | ☐ Pureed | |

*The Child Nutrition Program will attempt to accommodate the substitutions as requested but reserves the right to modify the menu based on product availability.

SECTION B: LIFE-THREATENING FOOD ALLERGIES (FOOD ANAPHYLAXIS)

Life-threatening food allergies: ☐ ingestion ☐ contact ☐ inhalation ☐ EpiPen/Emergency Epinephrine prescribed

Eggs: ☐ whole eggs ☐ egg as an ingredient, i.e. scrambled eggs are omitted and egg as an ingredient in pancake is not allowed

Nuts: ☐ peanuts ☐ tree nuts (walnuts, pecans, almonds, hazelnuts...etc.) ☐ sesame seeds

Milk/Dairy allergy: ☐ Avoid all dairy products (fluid milk, cheese, yogurt, ice cream) ☐ Avoid dairy in all baked goods

Soy: ☐ Avoid all soy containing products ☐ Fish ☐ Shellfish ☐ Wheat

List Others: _____

Please identify the food or choice of foods to be substituted: _____

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*This Institution is an equal Opportunity Provider