

SPECIAL DIET FORM 2026-2027

TO BE COMPLETED BY PARENT/GUARDIAN

Name of Student: _____ School: _____

Date of Birth: _____ Student ID#: _____ Parent Contact #: _____

TO BE COMPLETED BY LICENSED PHYSICIAN/MEDICAL AUTHORITY

Does this child have a disability requiring diet modification? ☐ Yes ☐ No

If a student does not have a disability, does the student have a special diet? ☐ Yes ☐ No

accommodation needs? If yes, explain what the special diet accommodation is. (Example: Dairy **Intolerance**-lactose free diet).

Explanation: _____

Special Medical Accommodation Instructions

Carbohydrate Control: _____ Breakfast _____g Lunch _____g Snack _____g
Other: _____

If student has a severe allergy, check appropriate box(es) to identify nature of reaction

- ☐ Ingestion ☐ Contact
☐ Airborne/inhalation ☐ N/A

Anaphylactic Reaction

- ☐ YES ☐ NO

Food Allergy/Intolerance

Food to be avoided: Please check the food(s) to be omitted from the special diet.

- Milk:** ☐ Avoid fluid milk only
☐ Avoid milk/milk products, as ingredients in processed or cooked foods.
☐ Avoid all dairy products (fluid milk, cheese, yogurt, ice, cream)

- Egg:** ☐ Avoid whole egg
☐ Avoid whole egg yolks only
☐ Avoid eggs as an ingredient in processed or cooked foods.

- ☐ Peanuts ☐ Soy ☐ Corn ☐ Other: _____
☐ Tree nuts; specify nut type(s): _____ ☐ Wheat ☐ Fish/Shellfish

Milk/drink alternative allowed:

- ☐ Lactose free milk
☐ Soy milk
☐ Almond
☐ Oat milk
☐ Other: _____

Texture modification required (if applicable, specify below)

Liquids

- ☐ Thickened (Nectar)
☐ Thickened (Honey)
☐ Thickened (pudding)

Solids

- ☐ Mechanical soft chopped
☐ Mechanical soft ground
☐ Pureed

Prescribing Physician or Medical Authority Name

Prescribing Physician or Medical Authority Signature

Medical Authority Credential:

- ☐ MD ☐ DO ☐ RD ☐ PA ☐ NP

Telephone

Fax

I understand it is my responsibility to renew this form before each school year and anytime my child's medical or health needs change.

Parent/Guardian Name

Parent/Guardian Signature

Parent/Guardian Email

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Please email this form to: cnp.specialdiets@psjaids.us

**Vision: Every PSJA student is prepared to participate, compete, and excel
in a global society to foster multi-generational prosperity.**

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