

Little Elm ISD Child Nutrition Department

Dietary Request Form 2019-2020



Form is to be completed by an authorized medical professional. Return completed form to the school nurse.

Information submitted to Health Services at enrollment is NOT received by the Child Nutrition Department. This includes food allergies and intolerances. A completed dietary request form is the ONLY record the Child Nutrition Department receives and uses to document any special dietary needs.

Nutrition & allergen information is available on the Child Nutrition website to help you plan your child's meal.

Student's Name (Last, First):	Student ID#:
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School/Grade Level:	Date of Birth:
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Section 1: Does the student have a disability, medical condition, or severe food allergy warranting a special diet? **Yes** **No**

If "YES", please specify:

If "NO", a special diet is not warranted.

Please Note: The Child Nutrition Department will attempt to accommodate non-life threatening food allergies or intolerances, but reserves the right to modify the menu based on product availability.

Section 2: Student Diagnosis/Condition (check one): Food Intolerance Food Allergy Life Threatening/Severe

Please choose foods to omit from a student's diet during the school day (select all that apply).

<p><u>Dairy:</u></p> <input type="checkbox"/> Fluid Dairy Milk <input type="checkbox"/> Yogurt <input type="checkbox"/> Cheese <input type="checkbox"/> Avoid ALL dairy products	<p><u>Nuts:</u></p> <input type="checkbox"/> Peanuts <input type="checkbox"/> Tree Nuts
<p><u>Eggs:</u></p> <input type="checkbox"/> Whole eggs <input type="checkbox"/> All menu items with egg listed as ingredient	<p><u>Wheat/Gluten:</u></p> <input type="checkbox"/> All menu items with wheat listed as an ingredient
<p><u>Fish/Shellfish:</u></p> <input type="checkbox"/> Fish <input type="checkbox"/> Shellfish	<p><u>Corn/Soy:</u></p> <input type="checkbox"/> Whole corn (corn kernels, corn muffin) <input type="checkbox"/> All menu items with corn listed as an ingredient <input type="checkbox"/> Soy oil <input type="checkbox"/> All menu items with soy listed as an ingredient

Other (please specify):

I certify that the above named student needs to be offered food substitutes as described above due to their disability/life threatening food allergy or food intolerance/allergy.

Name of Medical Authority

Office Phone Number

Signature	Date
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DISTRICT USE ONLY:

School Nurse	Signature
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School nurse is to sign completed form and provide a copy to the Child Nutrition Office.

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