

STUDENT'S NAME _____ Date of Birth _____ ID # _____

School _____ Grade _____

Diagnosis or other special dietary condition which restricts diet _____

What must be done to accommodate the child: _____

I. Food Allergy or Intolerance Not Applicable

Does the child have an Epi Pen at the Campus? YES NO

Milk Allergy No liquid cow's milk

Dairy Allergy No Yogurt No Cheese No Sour Cream Avoid all dairy products even in baked goods

Egg Allergy No Whole Eggs No Egg Whites No Eggs in baked goods

No Wheat **No Gluten/Celiac Disease** **No Peanut** **No Tree Nut** **No Fish** **No Shellfish**

No Soy Protein/Flour **No Soy Oil/Lecithin** **No Corn**

Other (Please list):

**Please identify appropriate substitutions for the foods to omit above, if appropriate _____

***Note: The Child Nutrition Dept. will attempt to accommodate the substitution as requested but reserves the right to modify the menu based on product availability.**

II. Texture Modification: Not Applicable

Liquids:

- Thin (Regular liquids)
- Nectar Thick
- Honey Thick
- Pudding Thick

Solids:

- Mechanical Soft (chopped)
- Mechanical Soft (ground)
- Pureed (Applesauce texture)

III. Therapeutic Diet Order: Not Applicable

Please state therapeutic diet _____

I certify that the above named student needs to be offered food substitutions as described above because of the student's disability/life threatening food allergy or food intolerance/allergy as indicated.

Prescribing Physician/Medical Authority _____

Printed Name of Medical Authority _____ DATE _____ MD DO PA NP SLP

Name of Practice _____ Phone number _____

I understand that if my child's medical or health needs change, it is my responsibility to alert the Child Nutrition Department of the changes. I also give permission for the department personnel responsible for implementing my child's special diet to discuss my child's special dietary accommodations with my child's medical authority.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

EMAIL _____ CONTACT NUMBER OF PARENT/GUARDIAN _____

When this form is completed for a food allergy or intolerance, JISD will restrict the student from purchasing food containing the allergen unless otherwise notified.

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