



INTERNAL USE ONLY
 Attn: School Health Assistant, Nurse or Office Staff
 Email completed form to
childnutrition@jubileeacademic.org
 as soon as form is received.
 Date Received: _____ Initials: _____

Special Dietary Needs and Food Allergy Form

NEW DIET CHANGE CURRENT DIET TEMPORARY DIET (List Duration)

Student Legal Name – Last: _____ First: _____ Middle Initial: _____

Date of Birth: _____ School: _____ Grade: _____

SECTION A: Does the child have a disability that affects his/her major life activities? YES _____ NO _____

❖ If yes, check the life activities affected and the reason the disability prevents the child from eating the regular school meals.

Eating/swallowing Walking Learning Other
 Hearing Speaking Sight _____

❖ If yes, explain condition/diagnosis that requires a special diet or food modification at school:

SECTION B: Check the food allergens to be removed from the child's diet if applicable. The 8 most common food allergies are: milk, egg, wheat, soy, shellfish, fish, peanuts, and tree nuts (walnuts, almonds, cashews, etc.).

❖ Does the student have food allergies that are life-threatening/anaphylactic? YES _____ NO _____

<input type="checkbox"/> No Diet Modification Needed	Diet Restriction	Substitutions
<input type="checkbox"/> Cow's Milk Allergy Also known as Lactose Intolerance	Avoid cow's milk	Lactaid or soy milk only
<input type="checkbox"/> Milk Protein Allergy Must AVOID: Fluid milk, yogurt, cheese, ranch dressing, and breaded entrees.	No milk products, even if milk is listed as an ingredient	Will require special menu
<input type="checkbox"/> Egg Product Allergy - NO eggs in ANY form Must AVOID: Breaded entrees, many breakfast grains, corndogs	No egg containing products, even as an ingredient	Will require special menu, mostly affecting breakfast menu
<input type="checkbox"/> Egg Allergy – ALLOWS egg in BAKED items Must AVOID: Egg when it is listed first, second or third on the ingredient list.	None needed, as egg is allowed in baked items	No special menu is needed
<input type="checkbox"/> Wheat Allergy Also known as Gluten-Free Must AVOID: All wheat bread products, breaded Entrees, gravy, some breakfast cereals, pizza	No wheat, rye, barley or oat containing products, even when listed as an ingredient	Will require special menus, gluten-free products will be provided
<input type="checkbox"/> Soy Allergy – Most restrictive Must AVOID: Most of our regular menu items	No soy products, even when listed as an ingredient. Includes anything with soybean, soybean oil, soy flour, soy lecithin, etc.	Will require special menus, which may only be a 1-week cycle menu.

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<input type="checkbox"/> Peanut/Tree Nut Allergy	No nut products, even as ingredients	May require special menu
<input type="checkbox"/> Fish/Seafood/Shellfish Allergy	No fish/seafood/shellfish products, even as ingredients	May require special menu, only affects 1-2 days of the week for lunch
<input type="checkbox"/> Foods to Omit that are Not Listed Above Please specify:	List allergens not listed below: _____	
<input type="checkbox"/> Check if food needs to be removed as an ingredient	Please specify Diet Restrictions:	Please specify Food Substitutions:

NOTE- If your student has multiple allergies, consider contacting the Child Nutrition Department at childnutrition@jubileeacademic.org.

SECTION C: Please address if the following modifications need to be made:

❖ Texture or Liquid-Consistency Modifications: N/A

❖ List any special equipment or utensils that are needed: N/A

❖ List any oral supplementation or tube feeding: (include product name, frequency and dosage): N/A

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I verify that the above noted student has special dietary needs requiring adjustments to the school breakfast, lunch, and after school snack program menus.

Medical Authority ** Printed Name

Date

Medical Authority Signature

Office Phone/Fax Numbers

** (Recognized medical authority may include: Physician, Physician Assistant, or Advanced Practice Nurses).

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SECTION D: Parent or Guardian to complete section below.

I understand that this form is required to be completed by a recognized medical authority to document a special dietary or nutritional need for all Jubilee Academies students. It is my responsibility to have this form completed and turned into the school nurse or school health assistant. A new form will need to be submitted to update the Child Nutrition Department on any changes of the requested diet or nutritional need with a recognized medical authority signature.

Student Legal Name – Last: _____ First: _____ Student ID#: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____ Cell Home Work

Parent/Guardian Email Address: _____

Parent/Guardian Signature: _____ Date: _____