- Healthy -
KIDS HERE

*Prescribing U.S. Physician Signature: ____

IDEA PUBLIC SCHOOLS CHILD NUTRITION PROGRAM SPECIAL DIET REQUEST FORM



	DATE://	
Does the child have an identified disability and/or life-threatening food allergy? CHECK E	SCHOOL YEAR:	
No, my child and I will be responsible for self-monitoring his/her food allergy or intolerance. *OnlyComplete Part I- Student has a Non-Life-Threatening Food Allergy or Food Intolerance		
Yes, my child is evaluated by IDEA as having one or more of the recognized 13 disability categories and who, by reason, therefore, needs special education and		
related services. * <u>Complete Part II & III-</u> Student has a disability and/or Life-Threatening Food Allergy. Please indicate if allergy is airborne .		
All sections must be completely filled out for this form to be accepted. *indicates required field.		
SECTION A: THIS SECTION TO BE COMPLETED BY PARENT/LEGAL GUARDIAN		
* Student Last Name:	*Student First Name:	
*Date of Birth: / / School:	Grade: Student ID:	
Parent/Guardian Name:	*Phone Number:	
*Parent Guardian Email Address:	Date of Request:	
SECTION B: Part I, II, AND III TO BE COMPLETED ONLY BY THE U.S. LICENSED PHYSICIAN THAT TREATS THE STUDENT		
PART I: Non-Life-Threatening Food Allergy or Intolerance (Check all that Apply)	PART II: Life-Threatening Food Allergy or Intolerance (Check all that Apply)	
Whole Egg Egg as an Ingredient (i.e. egg as an ingredient in pancakes is not allowed)	Whole Egg Egg as an <u>Ingredient</u> (i.e. egg as an ingredient in pancakes is not allowed)	
Peanuts Tree Nuts (Walnuts, Pecans, Almonds, Hazelnuts, etc.)	Peanuts Tree Nuts (Walnuts, Pecans, Almonds, Hazelnuts, etc.)	
Fluid Milk Only All Dairy Products Milk as an	Fluid Milk Only All Dairy Products	
(milk, cheese, yogurt) <u>Ingredient</u>	Image: Sesame Image: Sesame	
Seeds Soy Milk Only Soy Products	Seeds Soy Milk Only Soy Products	
Fish Shellfish Wheat / Gluten	Fish Shellfish Wheat / Gluten	
List Others	List Others	
PART III: DISABILITY		
List all Disabilities /Diagnoses Requiring Meal Modifications:		
Major life activity affected by DISABILITY : Note: IDEA Public Schools cannot honor this re	equest from unless <u>AT LEAST ONE l</u> ife activity is selected.	
Eating Speaking Hearing Seeing Walking Learning Breathing Self Care		
Performing Manual Tasks Other, Specify		
Diet Order: Indicate Specific Restriction in Space Provided Diabetes		
Sodium Restriction		
Renal		
Texture Modifications: if applicable, specify below:		
Liquids: No Restrictions Thin	Thickened (Nectar) Thickened (Honey) Thickened (Pudding)	
	Soft Chopped Mechanical Soft Ground Pureed	
While the rising prevalence of childhood obesity is a serious health concern, it is NOT currently classified as a disability. Nonetheless, the Child Nutrition		
Program at IDEA provides nutritionally rich and healthy menus for ALL meals: therefore, a special diet request for these options would not be necessary.		
SECTION C: PHYSICIAN CONTACT INFORMATION - TO BE COMPLETED ONLY BY THE U.S. LICENSED PHYSICIAN THAT TREATS THE STUDENT		
Prescribing U.S. Physician Name:	*PhoneNumber:	

*Mailing Address: In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, agb, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (888) 632-9992 (Voice). Individu-als who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-8138 (Spanish). USDA is an equal opportunity provider and employer.

Date : _