



IDEA PUBLIC SCHOOLS CHILD NUTRITION PROGRAM SPECIAL DIET REQUEST FORM



DATE: ___ / ___ / ___

SCHOOL YEAR: _____

Does the child have an identified disability and/or life-threatening food allergy? **CHECK Below** **No**, my child and I will be responsible for self-monitoring his/her food allergy or intolerance. ***Only Complete 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. ***Complete Part II & III-** 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)**

- Whole Egg Egg as an Ingredient
(i.e. egg as an ingredient in pancakes is not allowed)
- Peanuts Tree Nuts
(Walnuts, Pecans, Almonds, Hazelnuts, etc.)
- Fluid Milk Only All Dairy Products (milk, cheese, yogurt) Milk as an Ingredient
- Sesame Seeds Soy Milk Only Soy Products
- Fish Shellfish Wheat / Gluten
- List Others _____

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)
- Peanuts Tree Nuts
(Walnuts, Pecans, Almonds, Hazelnuts, etc.)
- Fluid Milk Only All Dairy Products (milk, cheese, yogurt) Milk as an Ingredient
- Sesame Seeds Soy Milk Only Soy Products
- Fish Shellfish Wheat / Gluten
- List Others _____

PART III: DISABILITYList all Disabilities /Diagnoses Requiring Meal Modifications: _____Major life activity affected by **DISABILITY**: Note: IDEA Public Schools cannot honor this request from unless **AT LEAST ONE** life 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)
- Solids:** No Restrictions Mechanical 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: _____

*Prescribing U.S. Physician Signature: _____

Date : _____

*Mailing Address: _____