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: DISABILITY

List 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: _____

12.05.2026