



Denton ISD Child Nutrition DIETARY REQUEST FORM

Please return signed form to foodallergy@dentonisd.org

Please note: A completed dietary request form is the ONLY record Child Nutrition receives and uses to document special dietary needs.

☐ NEW MEAL MODIFICATION ☐ CHANGE CURRENT MEAL MODIFICATION ☐ DISCONTINUE MEAL MODIFICATION

A. TO BE COMPLETED BY PARENT/LEGAL GUARDIAN:

Date:	Student Name:	ID Number:	Date of Birth:
Current School:	Parent or Guardian:	Phone Number:	

Will your child be eating meals prepared by the school cafeteria? ☐ Yes ☐ No

I understand that it is my responsibility to submit a new form anytime changes occur (i.e., student's medical or health needs changes). To remove allergy restrictions from this student's account, the parent/guardian must submit a signed note or send an email stating that the student no longer has the food allergy/intolerance. Phone number and parent/guardian signature must be included.

I give Denton ISD Child Nutrition permission to speak with the below named physician or recognized medical authority to discuss dietary needs prescribed below.

Parent/Guardian Signature: _____ Date: _____

B. TO BE COMPLETED BY THE STUDENT'S TREATING PHYSICIAN (PLEASE PRINT):

Please note: Child Nutrition will attempt to accommodate non-life-threatening food allergies or intolerances but reserves the right to modify the menu based on product availability.

Please check all items to be omitted due to food allergies:

Dairy

- ☐ Fluid dairy milk
 - Please select an appropriate substitution
 - ☐ Lactose Free Milk
 - ☐ Soy Milk
- ☐ Cheese
- ☐ Yogurt
- ☐ All dairy products
- ☐ All menu items with milk as an ingredient

Wheat/Gluten

- ☐ Gluten (wheat/barley/rye)

Eggs

- ☐ Whole eggs (i.e. scrambled, hard-boiled)
- ☐ Egg whites
- ☐ All menu items with eggs as an ingredient

Corn

- ☐ Whole corn
- ☐ All menu items with corn as an ingredient

Nuts/Seeds

- ☐ Peanuts
- ☐ Tree nuts
- ☐ Sesame

Soy

- ☐ Whole soy (i.e. tofu, edamame)
- ☐ All menu items with soy ingredients

Fish/Shellfish

- ☐ Fish
- ☐ Shellfish

Other:

Religious Preference/Personal Beliefs Food Restrictions:

C. PHYSICIAN INFORMATION:

Name of State Licensed Health Care Provider: _____ ☐ MD ☐ DO ☐ RD ☐ PA ☐ NP ☐ SLP

State Licensed Health Care Provider's Signature: _____

Clinic Name: _____ Phone Number: _____ Fax: _____

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