



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? Breakfast Lunch After School Snack 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 food allergies (omit these foods) (if applicable):

- | | | |
|---|--|--|
| <p><u>Dairy</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Fluid dairy milk <input type="checkbox"/> Cheese <input type="checkbox"/> Yogurt <input type="checkbox"/> All dairy products <input type="checkbox"/> All menu items with milk as an ingredient <p><u>Nuts/Seeds</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Peanuts <input type="checkbox"/> Tree nuts <input type="checkbox"/> Sesame | <p><u>Eggs</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Whole eggs (i.e. scrambled, hard-boiled) <input type="checkbox"/> Egg whites <input type="checkbox"/> All menu items with eggs as an ingredient <p><u>Corn</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Whole corn <input type="checkbox"/> All menu items with corn as an ingredient <p><u>Fish/Shellfish</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Fish <input type="checkbox"/> Shellfish | <p><u>Soy</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Whole soy (i.e. tofu, edamame) <input type="checkbox"/> Soy protein <input type="checkbox"/> Soybean oil <input type="checkbox"/> Soy lecithin <input type="checkbox"/> All menu items with soy ingredients <p><u>Wheat/Gluten</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Wheat <input type="checkbox"/> Gluten <input type="checkbox"/> Celiac |
|---|--|--|

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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