DIETARY REQUEST FORM Denton ISD Nutrition Department

□ NEW MEAL MODIFICATION □ CHANGE CURRENT MEAL MODIFICATION □ DISCONTINUE MEAL MODIFICATION Form does NOT need to be renewed every year. Fill out new form only if dietary needs have changed. Send completed form to student's school nurse.				
A. THIS SECTION TO BE COMPLETED BY PARENT/LEGAL GUARDIAN:				
DateStudent Name _		ID Number	Date	e of Birth/
Current School	Parent/Guardian		Phone N	Tumber
B. THIS SECTION TO BE COMPLETED BY STATE LICENSED HEALTHCARE PROFESSIONAL AUTHORIZED TO WRITE PRESCRIPTIONS (Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, a person with a "disability is any person who has a physical or mental impairment that substantially limits one or more life activity", including food anaphylaxis)				
1. Student's Medical Condition/Disability (REQUIRED):				
2. Explain why the disability restricts the student's diet (REQUIRED):				
3. Major life activity affected by the disability (eating, walking, seeing, hearing, breathing, learning/reading, speaking, performing manual tasks, caring for one's self, major bodily function) (REQUIRED):				
4. Check all food allergies (Omit these foods) (if applicable):				
\square Peanuts \square Tree Nuts \square Fish \square Shellfish \square Wheat \square Sesame				
Dairy Allergy (specify):	☐ Fluid Milk (Soy Mi	lk may be substitut	ed)	
	☐ Milk Products (yog	urt, cheese, etc)		
	□All Dairy (including	as ingredient in bal	ked goods)	
Dairy Intolerance	☐ Fluid Milk (Lactose	Free Milk may be su	bstituted)	
	☐ Milk Products (yog	urt, cheese, etc)		
	☐ All dairy (including	as ingredient in ba	ked goods)	
Egg Allergy (specify):	☐ Whole Egg (ex. Scr	rambled eggs)		
	☐ Egg as ingredient (e	x. Pancake, muffin)	
Soy Allergy:	☐ Soy as main ingredie	ent (ex. Soy milk, e	damame, soy sa	uce)
Corn Allergy:	☐ Corn as main ingred	lient (ex. Corn kerr	nels, corn tortilla	1)
Other (please be specific):				
Religious preference/Personal Beliefs Food Restrictions:				
Substitutions to serve in place of omitted food(s) (REQUIRED):				
C. PHYSICIAN INFORMATION:				
Name of State Licensed Health Care Provider:				
State Licensed Health Care Provider's Signature:				
Clinic Name:	Phone Number:		Fax:	
Changes to dietary treatment must be in writing by State licensed healthcare professional. Discontinuation of an accommodation for				

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.To file a program discrimination complaint, a Complaint-should complete a Form AD-3027, USDA Program Discrimination complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: <a href="mailto:mai

diet modification can be submitted in writing by State licensed healthcare professional or child's parent/guardian. Phone number

and signature must be included on parent's statement. Send statement to the student's school nurse.

