

Edgewood ISD
Child Nutrition Department

Dietary Request Form
FS160 (Revised 7/27/2022)

Student's Legal Name: _____ Date of Birth: _____

Student ID: _____ School Attending: _____ Grade: _____

To be Completed and signed by Authorized Medical Authority

Reason for Special Diet (Required)

1. Does the student have a medical disability that affects a major life function and requires a meal accommodation? Yes No
2. Does the student have a special dietary need that will be helped by a meal accommodation? Yes No
3. Describe the condition/diagnosis that requires a special diet or food modification at school

Food Allergy/Intolerance (Check all that apply)

Milk Allergy/Intolerance*: Substitute with: Lactose Free Milk Soy Milk (No ALMOND MILK, it does not meet USDA req.)

Dairy products (cheese, yogurt, ice cream, etc.) Milk as an ingredient in all baked goods

Eggs: Whole eggs Egg as an ingredient (i.e. baked goods, mayonnaise)

Nuts: Peanuts Tree nuts (walnuts, pecans, almonds, hazelnuts...etc.)

Seafood: Fish Shellfish

Wheat** Soy** Other _____

Suggested Food Substitutions:

*Water and Juice are not reimbursable substitutions for milk.

** Most food items contain wheat and soy. Parent is encouraged to follow-up with Dietitian for menu selections

Therapeutic Diet

(Provide attachments with additional information if necessary)

Gluten Free Fat Restriction (please provide food list) Other

Diabetic (Please include carb count for each meal below)

Edgewood ISD
Child Nutrition Department

Dietary Request Form
FS160 (Revised 07/27/2022)

Nutritional Supplements

Name of Supplement: _____

Specify time (breakfast, lunch, etc.), Quantity, and Mixing instructions (if applicable)

Some substitutions may not be available or allowed. A meeting with the Menu Planner may be needed for additional clarification. Verbal requests or emails will not be accepted. Under no circumstances are Child Nutrition Services allowed to revise or change a diet without a revised form from a medical authority. A parent may **remove**, but not modify or make specific requests for a special diet for their child by providing a signed, dated note with contact information to the campus Nurse who will then forward it to the Director of Child Nutrition at Roxanne.ruiz@eisd.net

Medical Authority (PLEASE PRINT) _____

Medical Authority Signature _____ Date: _____

Address _____ Phone Number: _____

I understand that menu modifications and/or substitutions will not be made until form is completed and signed by medical authority and parent. Furthermore, if my child's medical or health needs change, it is my responsibility to notify the school office and have the physician complete a new Dietary Request Form

Parent/Guardian Name (PLEASE PRINT) _____

Parent Signature _____ Date: _____

Phone Number _____ Email: _____

Parent Comment/meeting request:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

School Nurse/ Personnel USE ONLY
Date received:
Comments:
Scan and Email form to Roxanne.Ruiz@eisd.net Contact Child Nutrition Services at 210-898-4037 with questions or concerns