

Child Nutrition Special Diet Form 2020-2021
Please fax to 940-235-1066 or Return to Campus Nurse



First Name:	DOB:
Last Name:	Student ID:
School:	Grade:

*** Parents/Guardians, please check one of the following, sign and date ***

- My child needs the same dietary accommodations as received in the previous school year
*(medical authority signature and prescription **required**.)*
- My child needs less dietary accommodations than the previous school year and is allowed to receive the following food(s) *(medical authority signature **not** required):*
- My child no longer needs dietary accommodations and is allowed to receive a regular meal
*(medical authority signature preferred but **not** required).*
- My child needs special diet accommodations *(medical authority signature and prescription **required**).*

Parent/Guardian Name:	Email:
Parent/Guardian Signature:	Phone: Date:

Circle the meal(s) the student will eat from the cafeteria? **Breakfast and Lunch** **Breakfast Only** **Lunch Only** **None**

****To be completed by a physician****

Food Allergy/Intolerance

Milk (mark **one** below and circle milk substitute): Water Lactose-Free Milk Soy Milk **Other:**

- Liquid Milk *(other forms of milk such as yogurt and cheese are okay)*
- Dairy Products, including liquid milk, yogurt, and cheese
- Milk in ALL foods, including liquid milk, dairy, yogurt, cheese, and breads/baked goods
- Whole Eggs *(egg in foods are okay)* Eggs in ALL foods, including baked goods
- Fish Shellfish
- Peanuts Tree Nuts *(Walnuts, Cashews, Almonds etc...,)*
- Whole Soybeans/Tofu Soy in ALL foods
- Wheat/Gluten **Other:**

Other Dietary Restrictions/Needs

- Texture Modification *(please circle all that apply):* Soft Chopped Pureed Liquids Only
- Thickened Liquids *(please circle one):* Nectar Honey Pudding
- Diabetic/Carb Restriction:
- Sodium Restriction:

The student has the following, please circle: Non-Life Threatening Food Allergies Life Threatening (Food Anaphylactic)
<i>Print Name of Physician:</i>
<i>Signature of Physician:</i> Date:

Other Requests:

Wichita Falls ISD Child Nutrition Department Special Diet Form Instructions and Guidelines

1. The student's physician and (or) parent/guardian must complete and sign this special diet form to request accommodations for the current school year.
2. A licensed physician must complete the bottom portion of the student's form, if new, different, or more than one accommodations are requested; **OR** if special diet groceries must be purchased for the student.
3. A licensed physician is *preferred but not required* if discontinuing the special diet including: removing an allergen or other dietary accommodations. The parent/guardian can submit a new form, with a signature, to the Registered Dietitian-Nutritionist (RDN) to remove the special diet modifications.
4. Once complete, submit form to the campus nurse or fax it directly to WFISD Registered Dietitian Nutritionist (RDN) at (940) 235-1066.
5. Once the form is received, it will be reviewed by the WFISD RDN and an allergy or other dietary alert notification will added onto the student's meal account.
6. Accommodations will be processed by the WFISD RDN in accordance with federal and state guidelines.
7. Generally, children with food allergies or intolerances do not have a disability as defined under either Section 504 of the rehabilitation Act or Part B of IDEA. However, when in the licensed physician's assessment food allergies may result in severe, life-threatening (anaphylactic) reactions, the student's condition would meet the definition of "disability" and the substitution prescribed by the licensed physician must be made. The Child Nutrition department will make every attempt to REASONABLY accommodate students when dietary restrictions are not life-threatening or reported by a physician as a disability.
8. A special diet form **may take up to 2 weeks to implement**. However, at the beginning of the school year the implementation period may be much longer due to the very high number of requests that are received at this time. During the implementation period, the parent/guardian of the student is responsible for providing the special diet. The RDN will notify the parent/guardian of a start date.
9. If dietary restrictions need to be changed or stopped during the school year, a new form must be submitted.
10. It is the parent/guardian's responsibility to notify the WFISD Child Nutrition Department if any changes occur or if the student transfers to another school within the district.
11. When a parent/guardian signs the special diet form, he/she agrees to the special diet request made by the licensed physician, gives WFISD RDN permission to process the request as written and will contact the RDN to discuss the allergen or other dietary accommodations.
12. WFISD Child Nutrition department has the right to contact the physician's office to ask questions and/ or clarify the information on the special diet form.
13. All forms and information regarding special diets can be found on WFISD Child Nutrition website; or if you have questions, please call the department at 940-235-1065 ext 29006.

WFISD Office Use Only

WFISD RDN Comments:

Wichita Falls ISD Child Nutrition
Department

Phone: (940) 235-1065

Fax: (940) 235-1066