



# Irving ISD Food & Nutrition Services Dietary Request Form

Food and Nutrition Services

Please return signed form to School Nurse

## SECTION A - TO BE COMPLETED BY PARENT/GUARDIAN

Student Name (Last, First):	Student ID #:
Date of Birth:	School/Grade:
Parent/Guardian Name:	Phone #:
Mailing Address:	Email:

I understand that if my child's medical or health needs change, it is my responsibility to provide documentation from their physician to the Food & Nutrition Services office and the School Nurse. I give Irving ISD Food & Nutrition Services permission to speak with the recognized medical authority below to discuss the student's dietary needs.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION B - TO BE COMPLETED BY AUTHORIZED MEDICAL AUTHORITY

### I. Food Allergies or Intolerances

Does the student have allergies that are life threatening/anaphylactic?  
 Yes  No

**Please choose foods to omit from the student's diet during the school day (select all that apply)**

<u>Dairy Foods</u>	<u>Nuts</u>	<u>Wheat</u>	<u>Sesame</u>
<input type="checkbox"/> Fluid dairy milk (ONLY soy milk will be offered for milk allergy)	<input type="checkbox"/> Peanuts	<input type="checkbox"/> Wheat	<input type="checkbox"/> Sesame
<input type="checkbox"/> Cheese	<input type="checkbox"/> Treenuts	<input type="checkbox"/> Celiac	
<input type="checkbox"/> Yogurt			
<input type="checkbox"/> All dairy, even in baked goods			
<u>Soy</u>	<u>Eggs</u>	<u>Corn</u>	<u>Fish/Shellfish</u>
<input type="checkbox"/> Whole soy	<input type="checkbox"/> Whole eggs	<input type="checkbox"/> Whole corn	<input type="checkbox"/> Fish
<input type="checkbox"/> Soy protein	<input type="checkbox"/> Egg whites	<input type="checkbox"/> All corn as an ingredient	<input type="checkbox"/> Shellfish
<input type="checkbox"/> Soybean oil	<input type="checkbox"/> All eggs, even in baked goods		
<input type="checkbox"/> All soy products			

Omit all foods "processed in a facility" with the above checked items

Other (please specify): \_\_\_\_\_

Food & Nutrition Services will attempt to accommodate the substitutions as requested, but reserves the right to modify menus based on product availability.

### II. Texture Modifications

Year Round  Temporary ----- Start: \_\_\_\_\_ Stop: \_\_\_\_\_

<u>Liquids</u>	<u>Solids</u>
<input type="checkbox"/> Thin (Regular liquids)	<input type="checkbox"/> Mechanical Soft (Chopped)
<input type="checkbox"/> Nectar Thick	<input type="checkbox"/> Mechanical Soft (Ground)
<input type="checkbox"/> Honey Thick	<input type="checkbox"/> Pureed (Applesauce texture)
<input type="checkbox"/> Pudding Thick	

### III. Therapeutic Diet Order (specify in the space provided)

<input type="checkbox"/> Diabetic	<input type="checkbox"/> Cardiac
<input type="checkbox"/> Renal	<input type="checkbox"/> Sodium Restriction
<input type="checkbox"/> PKU	<input type="checkbox"/> Other

I certify that the above named student must be offered food substitutions as described above due to their disability, food allergy, or food intolerance as indicated.

Printed Name of Medical Authority: \_\_\_\_\_  MD  DO  RD  PA  NP  SLP

Signature of Medical Authority: \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

### SCHOOL NURSE/OFFICE PERSONNEL USE ONLY

School RN:	RN Email:	Phone #:
School Café Manager:	Café Manager Email:	Phone #:

Scan and email form to: [specialdiets@irvingisd.net](mailto:specialdiets@irvingisd.net) Contact Food & Nutrition Services at (972) 600-6900 with questions