IRVING
Independent School District

FOOD AND NUTRITION SERVICES
2022-2023 DIETARY REQUEST FORM

IISD Food & Nutrition Services
Healthy Students
The *Heart* of our Business

STUDENT'S NAME (Last, First)____________________ **Date of Birth**__________ **ID #**__________

Section A. (To be completed by authorized medical authority)

Disability or severe, life threatening food allergy
Student's medical condition/disability (REQUIRED):

____

I. Disability or Severe Life Threatening Food Allergy

Student has allergies that are life threatening/anaphylactic:

☐ **Yes**, continue with this section ☐ **No**, refer to section B

Dairy Allergy: ☐ No Fluid Dairy Milk (Soy milk offered in place of dairy milk)
☐ No Yogurt ☐ No Cheese
☐ Avoid all dairy products even in baked goods

Egg Allergy: ☐ No Whole Eggs ☐ No Egg Whites ☐ No Eggs in baked goods

☐ **No Wheat** ☐ **No Peanut** ☐ **No Tree Nut** ☐ **No Soy**

☐ **No Fish** ☐ **No Shellfish** ☐ **No Whole Corn** ☐ **No Corn as ingredient (Cornstarch, Corn Syrup)**

☐ **Omit foods "processed in a facility" with above √checked ingredients**

☐ **Other (Please list):**______________________________

II. Texture Modification:

☐ Year Round ☐ Temporary: Start:________ Stop:________

Liquids:	Solids:
☐ Thin (Regular liquids)	☐ Mechanical Soft (chopped)
☐ Nectar Thick	☐ Mechanical Soft (ground)
☐ Honey Thick	☐ Pureed (Applesauce texture)
☐ Pudding Thick	

III. Therapeutic Diet Order: (Write specifics in space provided)

☐ Diabetic: ______________________________

☐ Renal: ______________________________

☐ PKU: ______________________________

☐ Cardiac: ______________________________

☐ Sodium Restriction: ______________________________

☐ Other: ______________________________

Circle One

New Diet Request Change Existing Request Cancel Request

Renew Existing Request TemporaryRequest ________ to ________

Section B.

Food Allergy/Intolerance (NOT LIFE THREATENING)

Student without a disability but is requesting special dietary accommodation

*** PLEASE √ CHECK either ALLERGY or INTOLERANCE ***

ALLERGY ***INTOLERANCE***

Student's allergy/intolerance to food(s) below:
Does not result in a *Life Threatening/Anaphylactic reaction*

I. Dairy Allergy:

☐ No Fluid Dairy Milk (Soy milk will be offered only for milk allergy)
☐ No Yogurt ☐ No Cheese
☐ Avoid all dairy products even in baked goods

II. Other food allergies/intolerances:

Egg Allergy: ☐ **No Whole Eggs** ☐ **No Egg Whites** ☐ **No Eggs in baked goods**

☐ No Wheat ☐ No Peanut ☐ **No Tree Nut**

☐ **No Fish** ☐ No Shellfish ☐ No Soy

☐ No Whole Corn ☐ No Corn as an ingredient

☐ **Omit all foods "processed in a facility" with the above √ checked ingredients**

Other (Please list):______________________________

***Safe Food Substitutions:** ______________________________

* **Note: Food and Nutrition Services will attempt to accommodate the substitution as requested but reserves the right to modify the menu based on product availability**

I certify that the above named student needs to be offered food substitutions as described above because of the student's disability/Life Threatening food allergy or food intolerance/allergy as indicated.

Printed Name of Medical Authority ____________________ **DATE**________ ☐ **MD** ☐ **DO** ☐ **RD** ☐ **PA** ☐ **NP** ☐ **SLP**

Prescribing Physician/Medical Authority: ____________________ ____________________
SIGNATURE CONTACT PHONE NUMBER

I understand that if my child's medical or health needs change, it is my responsibility to provide documentation from my child's physician to the Food and Nutrition Services office and the school nurse.

____________________ ____________________
PARENT/GUARDIAN SIGNATURE DATE

____________________ ____________________
ADDRESS/EMAIL CONTACT NUMBER OF PARENT/GUARDIAN

School Nurse/Office Personnel USE ONLY

Student ID #________ Student Name ________________ School ____________ ORG#______

School RN____________ RN Email________________ Phone #________

School Café Manager____________ Café Manager Email________________ Phone #________

Scan and Email form to: specialdiets@irvingisd.net **CONTACT FOOD AND NUTRITION SERVICES DIETITIAN AT 972-600-6900 WITH QUESTIONS**

This institution is an equal opportunity provider. Revised: Aug 2022