Dickinson ISD Food & Nutrition Services Dietary Special Request Form 2020-2021

(281) 229-6061 (281) 229-6013 FAX

To Be Completed By Parent or Guardian (Para ser completado por el padre o tutor)								
Student Name:(Nombre del estudiante)	Student ID: (Identificación del Estudiante)	Date of Birth:(Fecha de nacimiento)						
I understand that it is my responsibility to renew this form anytime my child's medical or health needs change or to contact Dickinson ISD Food & Nutrition Services if my child changes campuses. As parent or guardian, I give permission for Dickinson ISD to contact the Physician's office regarding my child's dietary needs. (Entiendo que es mi responsabilidad de renovar este formulario cada vez que cambian las necesidades médicas o salud de mi hijo/hija o ponérse en contacto con Dickinson ISD Food & Nutrition Services si mi hijo/hija cambia de escuelas. Como padre o tutor, le doy permiso para que el Distrito de Dickinson se ponga en communicación con la oficina del médico con respecto a las necesidades dietéticas de mi hijo/hija.) My child WILL be eating school prepared meals Mi hijo no se come escolares comidas preparadas Mi hijo comerá escolares comidas preparadas								
Parent/Guardian's Printed Name Padre / Guardián Nombre Impreso	Parent/Guardian's Signature Firma del padre / tutor	Telephone Number Número de teléfono						
To Be Completed By Physician's Office The U.S. Department of Agriculture School Meals Program requires that <u>ALL QUESTIONS BE ANSWERED</u> (ALLERGY IDENTIFICATION AND SUBSTITUTION) in order for ANY diet modification or substitutions to be								

made in school meals. ONLY MARK THOSE FOODS THAT ARE AN ALLERGY FOR THIS PATIENT

Food	Is The Student Allergic to this Allergen ?	Is This A Life Threatening Allergy? (If a food is an allergen but is non-life threatening, mark NO. If the patient is not allergic to this food, leave blank.)	Can the student consume foods where the allergen is an ingredient in the food? (Ex: Scrambled eggs omitted, but eggs as an ingredient allowed?)	Diagnosis and/or Disability (Please list student's diagnosis or disability and how it restricts diet)	Major Life activities affected by the life threatening food allergy or disability (check all that apply):	Substitution (Check the box next to the appropriate substitution request. By signing, the standard food substitutions are accepted unless the other substitutions are written in)	
Fluid Milk	Dickinson ISD does not provide milk substitutes for lactose intolerant students unless otherwise prescribed by the physician. Water is available at all cafeterias. NOTE:						
Dairy	□ YES	□ YES	□ YES		☐ Breathing ☐ Eating ☐ Seeing ☐ Walking ☐ Speaking ☐ Learning ☐ Caring for one's self ☐ Performing manual tasks ☐ Other:	□ No Substitution Needed □ Make Substitution (Common substitutions: Deli Sandwich w/o cheese, Hamburger) □ Other:	
Physician's Printed Name Clinic/Facility Name				Physician's Sigi		Date elephone	

Dickinson ISD is not responsible for and cannot guarantee the accuracy of any child's diet. Products stocked by Dickinson ISD can change due to supplier changes or substitutions or manufacturer's formulation changes. The information contained on the FNS website is not intended as a substitute for advice from your physician or other healthcare professional. Cafeteria managers and staff are not trained in dietary modifications. Parents are welcome to look at any ingredient label or recipe. 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, disabilities who require alternative means of communication for program or activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print) conductable, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program or program complaint of discrimination complaint, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: 1) mail: USDA, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; 2) fax: (202) 690-7442 or 3) email: program.intake@usda.gov. USDA is an equal opportunity provider.

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Peanut / Tree Nut	□ YES	□ YES	□ YES		☐ Breathing ☐ Eating ☐ Seeing ☐ Walking ☐ Speaking ☐ Learning ☐ Caring for one's self ☐ Performing manual tasks ☐ Other:	□ No Substitution Needed □ Make Substitution (Common substitutions: Deli Sandwich w/o cheese, Hamburger) □ Other:
Fish / Seafood / Shellfish	□ YES	□ YES	□ YES		☐ Breathing ☐ Eating ☐ Seeing ☐ Walking ☐ Speaking ☐ Learning ☐ Caring for one's self ☐ Performing manual tasks ☐ Other:	□ No Substitution Needed □ Make Substitution (Common substitutions: Deli Sandwich w/o cheese, Hamburger) □ Other:
Soy	□ YES	□ YES	□ YES		☐ Breathing ☐ Eating ☐ Seeing ☐ Walking ☐ Speaking ☐ Learning ☐ Caring for one's self ☐ Performing manual tasks ☐ Other:	□ No Substitution Needed □ Make Substitution (Common substitutions: Deli Sandwich w/o cheese, Hamburger) □ Other:
Egg	□ YES	□ YES	□ YES		☐ Breathing ☐ Eating ☐ Seeing ☐ Walking ☐ Speaking ☐ Learning ☐ Caring for one's self ☐ Performing manual tasks ☐ Other:	□ No Substitution Needed □ Make Substitution (Common substitutions: Deli Sandwich w/o cheese, Hamburger) □ Other:
Wheat	□ YES	□ YES	□ YES		☐ Breathing ☐ Eating ☐ Seeing ☐ Walking ☐ Speaking ☐ Learning ☐ Caring for one's self ☐ Performing manual tasks ☐ Other:	□ No Substitution Needed □ Make Substitution (Common substitutions: Deli Sandwich w/o cheese, Hamburger) □ Other:
Other	□ YES	□ YES	□ YES		☐ Breathing ☐ Eating ☐ Seeing ☐ Walking ☐ Speaking ☐ Learning ☐ Caring for one's self ☐ Performing manual tasks ☐ Other:	□ No Substitution Needed □ Make Substitution (Common substitutions: Deli Sandwich w/o cheese, Hamburger) □ Other:
Please provide additional comments or information as related to diet and / or feeding techniques:						
Phys	Physician's Printed Name Physician's Signature Date			Date		
	Clinic/Fac	cility Name			T	elephone