

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: _____ Student ID: _____ Date of Birth: _____
(Nombre del estudiante) (Identificación del Estudiante) (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 ponerse 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 comunicación con la oficina del médico con respecto a las necesidades dietéticas de mi hijo/hija.)

- ☐ My child will NOT be eating school prepared meals
Mi hijo no se come escolares comidas preparadas
- ☐ My child WILL be eating school prepared meals
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 ALL QUESTIONS BE ANSWERED (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? <small>(If a food is an allergen but is non-life threatening, mark NO. If the patient is not allergic to this food, leave blank.)</small>	Can the student consume foods where the allergen is an ingredient in the food? <small>(Ex: Scrambled eggs omitted, but eggs as an ingredient allowed?)</small>	Diagnosis and/or Disability <small>(Please list student's diagnosis or disability and how it restricts diet)</small>	Major Life activities affected by the life threatening food allergy or disability (check all that apply):	Substitution <small>(Check the box next to the appropriate substitution request. By signing, the standard food substitutions are accepted unless the other substitutions are written in)</small>
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	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Breathing <input type="checkbox"/> Eating <input type="checkbox"/> Seeing <input type="checkbox"/> Walking <input type="checkbox"/> Speaking <input type="checkbox"/> Learning <input type="checkbox"/> Caring for one's self <input type="checkbox"/> Performing manual tasks <input type="checkbox"/> Other: _____	<input type="checkbox"/> No Substitution Needed <input type="checkbox"/> Make Substitution <small>(Common substitutions: Deli Sandwich w/o cheese, Hamburger)</small> <input type="checkbox"/> Other: _____

Physician's Printed Name

Physician's Signature

Date

Clinic/Facility Name

Telephone

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)
Peanut / Tree Nut	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Breathing <input type="checkbox"/> Eating <input type="checkbox"/> Seeing <input type="checkbox"/> Walking <input type="checkbox"/> Speaking <input type="checkbox"/> Learning <input type="checkbox"/> Caring for one's self <input type="checkbox"/> Performing manual tasks <input type="checkbox"/> Other: _____	<input type="checkbox"/> No Substitution Needed <input type="checkbox"/> Make Substitution (Common substitutions: Deli Sandwich w/o cheese, Hamburger) <input type="checkbox"/> Other: _____
Fish / Seafood / Shellfish	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Breathing <input type="checkbox"/> Eating <input type="checkbox"/> Seeing <input type="checkbox"/> Walking <input type="checkbox"/> Speaking <input type="checkbox"/> Learning <input type="checkbox"/> Caring for one's self <input type="checkbox"/> Performing manual tasks <input type="checkbox"/> Other: _____	<input type="checkbox"/> No Substitution Needed <input type="checkbox"/> Make Substitution (Common substitutions: Deli Sandwich w/o cheese, Hamburger) <input type="checkbox"/> Other: _____
Soy	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Breathing <input type="checkbox"/> Eating <input type="checkbox"/> Seeing <input type="checkbox"/> Walking <input type="checkbox"/> Speaking <input type="checkbox"/> Learning <input type="checkbox"/> Caring for one's self <input type="checkbox"/> Performing manual tasks <input type="checkbox"/> Other: _____	<input type="checkbox"/> No Substitution Needed <input type="checkbox"/> Make Substitution (Common substitutions: Deli Sandwich w/o cheese, Hamburger) <input type="checkbox"/> Other: _____
Egg	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Breathing <input type="checkbox"/> Eating <input type="checkbox"/> Seeing <input type="checkbox"/> Walking <input type="checkbox"/> Speaking <input type="checkbox"/> Learning <input type="checkbox"/> Caring for one's self <input type="checkbox"/> Performing manual tasks <input type="checkbox"/> Other: _____	<input type="checkbox"/> No Substitution Needed <input type="checkbox"/> Make Substitution (Common substitutions: Deli Sandwich w/o cheese, Hamburger) <input type="checkbox"/> Other: _____
Wheat	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Breathing <input type="checkbox"/> Eating <input type="checkbox"/> Seeing <input type="checkbox"/> Walking <input type="checkbox"/> Speaking <input type="checkbox"/> Learning <input type="checkbox"/> Caring for one's self <input type="checkbox"/> Performing manual tasks <input type="checkbox"/> Other: _____	<input type="checkbox"/> No Substitution Needed <input type="checkbox"/> Make Substitution (Common substitutions: Deli Sandwich w/o cheese, Hamburger) <input type="checkbox"/> Other: _____
Other	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Breathing <input type="checkbox"/> Eating <input type="checkbox"/> Seeing <input type="checkbox"/> Walking <input type="checkbox"/> Speaking <input type="checkbox"/> Learning <input type="checkbox"/> Caring for one's self <input type="checkbox"/> Performing manual tasks <input type="checkbox"/> Other: _____	<input type="checkbox"/> No Substitution Needed <input type="checkbox"/> Make Substitution (Common substitutions: Deli Sandwich w/o cheese, Hamburger) <input type="checkbox"/> Other: _____

Please provide additional comments or information as related to diet and / or feeding techniques:

<p>_____</p> <p>_____</p>			
Physician's Printed Name	Physician's Signature	Date	
Clinic/Facility Name	Telephone		