

## 2023-2024 SPECIAL DIET REQUEST FORM

### PART I: To be filled out by the parent/guardian

Student's Name (Last, First): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Student ID #: \_\_\_\_\_

School Name: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Parent/Guardian Name (printed): \_\_\_\_\_

I understand it is my responsibility to renew this form before each school year and anytime my student's nutrition needs change. I give Wylie ISD Student Nutrition Department permission to speak with the Physician and/or medical authority to discuss the dietary needs described below.

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

### Part II Instructions: To be filled out and completed ONLY by a Physician or recognized Medical Authority treating student.

#### Part II. Disability & Food Allergy (Non-life threatening and Life Threatening)

Diagnosis or condition which restricts diet:

##### A. Therapeutic Diet Order:

- Diabetic- Carbohydrate Allowance Breakfast \_\_\_\_\_ g Lunch \_\_\_\_\_ g
- Cardiac: Fat: \_\_\_\_\_ g Na: \_\_\_\_\_ g
- PKU: Protein: \_\_\_\_\_ g
- Renal: Na: \_\_\_\_\_ g K \_\_\_\_\_ g Phos \_\_\_\_\_ g
- Sodium Restrictions: Na \_\_\_\_\_ g
- Other: \_\_\_\_\_

##### B. Texture Modification:

- Liquids:  Thin  Thickened (Nectar)  Thickened (Honey)  Thickened (Pudding)
- Solids:  Mechanical Soft Chopped  Mechanical Soft Ground  Pureed

##### C: Food Allergy (Life Threatening/Anaphylactic):

**Students with food intolerance/non-life threatening allergies will have an alert placed on their student nutrition account to prevent consumption. We encourage parents and students to view school menus on the district's website for more allergy information.**

Select the appropriate box based on student's allergy reaction.

- Life Threatening Allergy- Anaphylactic
- Non-Life Threatening Allergy/Food Intolerance

- Milk/Dairy Allergy:  Avoid fluid milk only  Avoid all dairy products (cheese, yogurt, ice cream)  Avoid dairy in baked goods
- Eggs:  Whole Eggs  Egg as an ingredient (i.e. eggs used to make a recipe such as pancakes, waffles, etc.)
- Nuts:  Peanuts  Tree Nut (walnuts, pecans, almonds, hazelnuts...etc.)
- Soy:  Avoid Soy milk only  Avoid all soy containing products  Wheat  Fish  Shellfish

Food Substitutions: \_\_\_\_\_

Name of Medical Authority: \_\_\_\_\_

Prescribing Medical Authority Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

To be completed by Student Nutrition Office Date Received by SN: \_\_\_\_\_ Code Entered in Skyward: \_\_\_\_\_