

## 2021-2022 SPECIAL DIET REQUEST FORM

☐ New Special Diet Request

☐ Change Current Special Diet Request

☐ Renew Existing Special Diet Request

☐ Temporary Diet Order (Start Date \_\_\_\_\_ End Date \_\_\_\_\_)

### 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 (fluid milk, 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: \_\_\_\_\_