

PROCEDURE FOR REQUESTING SPECIAL DIETARY MODIFICATIONS FOR STUDENTS

Dear Parent,

To ensure FWISD is aware of your child's dietary modification needs there is several steps to take for your child's wellbeing.

1. Dietary request form must be filled out **annually** with a medical authority and returned to the nurse at the child's home school
2. The nurse then submits the form to the dietitian and cafeteria manager
3. An Individualized care plan meeting is scheduled with nurse, dietitian, teacher, and parent to develop a care plan for your child. Following the care plan meeting, then you will be notified when the special diet can start.

Child Nutrition Services and Health Services have collaborated to devise this procedure and form for ordering special dietary modifications for students. This procedure was developed to ensure that students receive adequate nutrition and schools have the equipment and supplies necessary to meet their needs. Under Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990, a "person with a disability" means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment. USDA regulations 7 CFR Part 15b require substitutions or modifications in school meals for children whose disabilities restrict their diets. A child with a disability must be provided substitutions in foods when that need is supported by a statement signed by a licensed medical authority. The statement must identify:

- the child's disability;
- an explanation of why the disability restricts the child's diet;
- the major life activity affected by the disability;
- the food(s) to be omitted from the child's diet, and the food or choice of foods that must be substituted;
- specific substitutions needed must be specified in a statement signed by a licensed physician.

The school food authority will decide these situations on a case-by-case basis. Documentation with accompanying information must be provided by a recognized medical authority. While school food authorities are encouraged to consult with recognized medical authorities, where appropriate; schools are not required to make modifications to meals based on food choices of a family or child regarding a healthful diet.

Please note:

When a food allergen that is not one of the eight major food allergens and is listed on the ingredient list as 2% or less, this food **will be** allowed. (for example: Garlic is listed as 2% or less on the ingredient list, thus garlic is not listed as an allergen for that food); 2.) Fort Worth ISD adheres to evidence based research and agrees with the Food Allergy Research and Education (FARE) practice on soy allergies. The FDA exempts highly refined soybean oil from being labeled as an allergen. Studies show most individuals with a soy allergy can safely eat highly refined soy oil and soy lecithin. Thus, Fort Worth ISD **allows soy oil and soy lecithin** in the soy allergen diets.

Please feel free to contact Child Nutrition Services at 817/814-3500 with any questions or concerns.





Fort Worth ISD Child Nutrition Services

DIETARY REQUEST FORM

STUDENT'S NAME (Last, First) _____ Date of Birth _____ ID # _____

School _____ Grade _____

Section A. (To be completed by authorized medical authority) Disability or Severe, Life Threatening Food Allergy

I. Disability or Severe Life Threatening Food Allergy

Student has allergies that are life threatening/anaphylactic:
Yes, continue with Section A No, refer to Section B

Milk Allergy No liquid cow's milk (Soy milk offered in place of dairy milk)

Dairy Allergy No Yogurt No Cheese Sour Cream
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 Fish No Shellfish No Soy No Corn
Other (Please list):

II. Texture Modification:

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

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

Please state therapeutic diet (Ex. Celiac):

Section B. Food Allergy/Intolerance (NOT LIFE THREATENING)

Student without a disability or life threatening food allergy but is requesting special dietary accommodation.

Lactose Intolerance Lactaid Milk will be provided
Milk Allergy Soy milk will be offered only for milk allergy
Dairy Allergy: No Yogurt No Cheese No Sour Cream
Avoid all dairy products even in baked goods

II. Other food allergies:
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 Corn

Other (please list):

*Safe Food Substitutions:

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

Section C. Other requests*:

*We cannot guarantee accommodation of all requests.

Which meals will the student eat from the school cafeteria?

Breakfast Lunch

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 _____

Name of Practice _____

I understand that it is my responsibility to renew this form before each school year. I understand that if my child's medical or health needs change, it is my responsibility to provide documentation to the FWISD Child Nutrition Services office. I also give permission for the department personnel responsible for implementing my child's special diet to discuss my child's special dietary accommodations with my child's medical authority.

PARENT/GUARDIAN SIGNATURE

DATE

ADDRESS/EMAIL

CONTACT NUMBER OF PARENT/GUARDIAN

School Nurse - PLEASE COMPLETE

Student ID # _____ Student Name _____ School _____ ORG# _____

School RN _____ RN Email _____ Phone # _____

School Café manager _____ Café manager Email _____ Phone # _____

Scan and Email form to: dietitians@fwisd.org CONTACT FOOD AND CHILD NUTRITION SERVICES DIETITIAN AT 817-814-3500 WITH QUESTIONS OR CONCERNS.