



Return completed form to the school nurse

- 1. Parent/Guardian: complete Section A. Sign and date form (required for processing)
2. Medical Authority: complete Section B. Print, sign and date form (required for processing)
3. Return completed form to the school nurse
4. Dietitians will review and process dietary requests in the order in which they are received
5. Incomplete form will be returned to the school nurse for parent/guardian completion

● Nutrition, carbohydrate content, and allergen information is available via MealViewer to help you plan your child's meals in a way that fits with your dietary and religious preferences, no dietary request form is needed. MealViewer can be accessed here: https://schools.mealviewer.com/district/FortWorthISD OR users can download the MealViewer To Go App available for Apple and Android devices.

SECTION A. To be Completed by Parent/Guardian

Student ID Number Student's Name (Last, First) Date of Birth

Request Type Which meals provided by the School Cafeteria will the student eat? Does the student have an identified disability? (IEP or 504 Plan?)

Parent/Guardian Email Address (CLEARLY PRINT)

Parent Requests that are not due to a medical disability. Please Note: Nutrition Services may attempt to accommodate cultural/personal preferences but are NOT required by law to do so. These accommodations depend on product availability on the daily serving line.

This form must be completed at the start of each school year and any time there is a change or discontinuation of dietary needs during the school year. Annual completion of this form by the student's medical authority ensures that current nutritional needs are being communicated.

I give Fort Worth ISD Child Nutrition Services permission to speak with the medical authority to discuss dietary needs as ordered.

PARENT/GUARDIAN SIGNATURE Date Phone number of Parent/Guardian

SECTION B. To be Completed by Physician/Medical Authority

TEXTURE MODIFICATION:

Liquids: Thin (Regular liquids) Mildly thick Moderately thick Extremely thick
Solids: Regular Soft & Bite-Sized Minced & Moist Pureed

ALLERGIES (Select all that apply):

EGG CORN DAIRY NUTS FISH OR SHELLFISH SOY WHEAT / GLUTEN OTHER

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.

Name of Medical Authority: (PLEASE PRINT) MD DO RD PA NP SLP
Prescribing Physician/Medical Authority Signature: (SIGNATURE) (DATE)
Phone Number:

School Nurse/Office Personnel USE ONLY
Student ID: Student Name: School Number: School Name:
School RN Name: School RN Phone Number: School RN Email: