



Fort Worth ISD Child Nutrition Services Dietary / Allergy Request Form

1559466938

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.

Section B will not be required for requests not due to a medical disability.

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:

Year Round Temporary: Start: Stop:

Special Utensils required:

Specific Nutritional Needs: (carbs, calories, etc.):

Liquids: Thin (Regular liquids) Mildly thick Moderately thick Extremely thick

Solids: Regular Soft & Bite-Sized Minced & Moist Pureed

ALLERGIES (Select all that apply):

EGG

- Whole eggs such as scrambled eggs or hard cooked eggs
Baked goods with any egg listed as an ingredient

CORN

- Whole corn such as corn kernels, tortilla chips, corn muffin
Recipes with corn / corn products listed as an ingredient

NUTS

- Peanuts
Tree Nuts specify:

SOY

- Soy Lecithin
Soy Protein (concentrate, hydrolyzed, isolate)
Menu items with any soy listed as an ingredient

DAIRY

- All food/beverages with milk listed as an ingredient including baked goods
Cheese and recipes with cheese listed as an ingredient
Yogurt
Fluid Milk (Substitution: Lactose-free milk Water Soy)

FISH OR SHELLFISH

- Fish
Shellfish

WHEAT / GLUTEN

- Recipes with wheat listed as an ingredient
Recipes with Gluten (wheat, barley, rye, triticale) listed as an ingredient

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: MD DO RD PA NP SLP

Prescribing Physician/Medical Authority Signature: (SIGNATURE) (DATE)

Phone Number:

School Nurse/Office Personnel USE ONLY

Manager's Name: Manager's Email: Phone Number: School Name & Number:

School RN Name: School RN Phone Number: School RN Email: