Garland ISD Student Nutrition Services
DIET MODIFICATION REQUEST FORM

Student ID# [ ][ ][ ][ ][ ][ ] **Student's Name (Last, First)** _____ **Date of Birth** _____

Form is to be completed by an authorized medical professional
Return completed form to school nurse

Important Notifications.
Information submitted to Health Services at enrollment or via Skyward is NOT received by Student Nutrition Services. This includes food allergies and intolerances. A completed Diet Modification Request is the **ONLY** record Student Nutrition Services receives and uses to document special dietary needs.

Nutrition and allergen information is available via **SchoolCafé** to help you plan your child's meals in a way that fits with your dietary and religious preferences. SchoolCafé can be accessed here: www.schoolcafe.com/garlandisd **OR** users can download the **SchoolCafé App** available for Apple and Android devices.

Section I : Does the student have a disability, medical condition, or severe food allergy warranting a special diet? ☐ **Yes** ☐ **No**

A disability is defined as a physical or mental impairment which substantially limits one or more major life activities.
If **"YES"**, please specify: _____

If **"NO"**, a special diet is not warranted.

Please Note: Student Nutrition Services will attempt to accommodate non-life threatening food allergies or intolerances, but reserves the right to modify the menu based on product availability.

Soy Milk or Almond Milk is available upon licensed healthcare professional request **ONLY. Indicate substitution _____ ☐ **Yes** ☐ **No**

Does the student's disability or medical condition require texture modification? (Select One) ☐ **Yes** ☐ **No**
If **"YES"**, please select ONE: ☐ **Pureed**   ☐ **Ground**   ☐ **Chopped**

Section II : Student Diagnosis or Condition (Select 1)   Food Intolerance   Food Allergy   Life Threatening Food Allergy

Please select all foods to omit from student's diet during the school day (not to be used as a medical history):

Dairy (Select all that apply)
  Fluid Milk
  Cheese and recipes with cheese listed as an ingredient
  Menu items with any dairy listed as an ingredient

Egg (Select all that apply)
  Whole eggs such as scrambled eggs or hard cooked eggs
  Menu items with any egg listed as an ingredient

Wheat / Gluten (Select all that apply)
  Menu items with any wheat listed as an ingredient

Fish or Shellfish (Select all that apply)
  Fish
  Shellfish

Other:

Nuts (Select all that apply)
  Peanuts
  Tree Nuts

Corn (Select all that apply)
  Whole corn such as corn kernels, tortilla chips, corn muffin
  Menu items with corn / corn products listed as an ingredient

Soy (Select all that apply)
  Soy Lecithin
  Soy Protein (concentrate, hydrolyzed, isolate)
  Soy as a main ingredient such as soy sauce or whole soy beans

Sesame
  Menu items with any sesame listed as an ingredient

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
(PLEASE PRINT)

Prescribing Physician/Medical Authority _____   _____
(SIGNATURE)   (DATE)

Contact Number _____

I understand that if my child's medical or health needs change, it is my responsibility to provide documentation from my child's physician to the Student Nutrition Services office and the school nurse. I consent to the exchange of information between the physician and school as needed.

_____   _____   _____   _____
PARENT/GUARDIAN SIGNATURE   DATE   CONTACT NUMBER OF PARENT/GUARDIAN   OTHER CONTACT NUMBER

E-mail Address (We will use this to send acknowledgement and details of your child´s menú plan. PRINT NEATLY)
[ ]

School Nurse/Office Personnel USE ONLY
Student ID # _____   Student Name _____   School _____
School RN Name _____   School RN Contact # _____
School RN Email
[ ]

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DO NOT WRITE IN THIS AREA