



## 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](http://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 is available upon Physician request **ONLY**. Please indicate if student will need to have soy milk provided.

 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 \_\_\_\_\_ (PLEASE PRINT)  MD  DO  RD  PA  NP  SLP

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 menu plan. PRINT NEATLY)

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**School Nurse/Office Personnel USE ONLY**

Student ID # \_\_\_\_\_ Student Name \_\_\_\_\_ School \_\_\_\_\_

School RN Name \_\_\_\_\_ School RN Contact # \_\_\_\_\_

School RN Email \_\_\_\_\_

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