



FRISCO ISD Child Nutrition SPECIAL DIET & ALLERGY ACCOMMODATION FORM

Please return signed form to specialdiets@friscoisd.org

Part 1: TO BE COMPLETED BY PARENT/GUARDIAN

Student' Name:	Student ID #:
DOB:	School/Grade:
Parent/Guardian Name:	Relationship to Student:
Email:	Daytime Phone #:
Mailing Address:	City: Zip Code:
Will your child be eating meals prepared by the School Café? <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> After School Snack <input type="checkbox"/> NO	
I understand that it is my responsibility to submit a new form anytime changes occur (i.e. student's medical or health needs changes). To remove allergy restrictions from this students account, the parent/guardian must submit a signed note or send a email stating that the student no longer has the food allergy/intolerance.	
I give Frisco ISD Child Nutrition permission to speak with the below named physician or recognized medical authority to discuss the dietary needs described below.	
Parent/Guardian Signature:	Date:

Part 2: TO BE COMPLETED BY THE STUDENT'S TREATING PHYSICIAN (PLEASE PRINT)

Does this student have identified medical disability requiring a special diet?

If YES: Complete Part 2 Below **If NO: Complete the Café Food Preference Form**

SEVERE ALLERGY: Student has a food allergy that is severe and/or causes an anaphylactic reaction

MILD ALLERGY: Student has a food allergy that is less severe i.e. rash/hives, digestive problems, itching/swelling

FOOD INTOLERANCE: student has a food intolerance i.e. digestive problems, fatigue, irritability

DYSPHAGIA/DISABILITY: Student has difficulty eating i.e. swallowing, chewing, drinking, dry mouth

Please choose foods to omit from the student's diet during the school day (select all that apply).

<p>Dairy</p> <p><input type="checkbox"/> Fluid dairy milk</p> <p><input type="checkbox"/> Cheese</p> <p><input type="checkbox"/> Yogurt</p> <p><input type="checkbox"/> All dairy products</p> <p><input type="checkbox"/> All menu items with milk as an ingredient</p>	<p>Eggs</p> <p><input type="checkbox"/> Whole eggs (i.e. scrambled, hard-boiled)</p> <p><input type="checkbox"/> Egg whites</p> <p><input type="checkbox"/> All menu items with eggs as an ingredient</p>	<p>Soy</p> <p><input type="checkbox"/> Whole soy (i.e. tofu, edamame)</p> <p><input type="checkbox"/> Soy protein</p> <p><input type="checkbox"/> Soybean oil</p> <p><input type="checkbox"/> Soy lecithin</p> <p><input type="checkbox"/> All menu items with soy ingredients</p>
<p>Nuts/Seeds</p> <p><input type="checkbox"/> Peanuts</p> <p><input type="checkbox"/> Tree nuts</p> <p><input type="checkbox"/> Sesame</p>	<p>Corn</p> <p><input type="checkbox"/> Whole corn</p> <p><input type="checkbox"/> All menu items with corn as an ingredient</p>	<p>Wheat/Gluten</p> <p><input type="checkbox"/> Wheat</p> <p><input type="checkbox"/> Gluten</p> <p><input type="checkbox"/> Celiac</p>
<p>Fish/Shellfish</p> <p><input type="checkbox"/> Fish</p> <p><input type="checkbox"/> Shellfish</p>	<p>Other (please specify): _____</p> <p>Texture Modification (please specify IDDSI Level: 0-7): _____</p> <p>Safe Food Substitutes (for item(s) checked above): _____</p>	

I certify that the above named students requires food substitutes as described above due to their disability, food allergy or food intolerance.

Medical Authority Name Printed:	Phone Number:
Medical Authority Signature:	Date:

The FISSD Child Nutrition Department will attempt to accommodate the substitutions as requested but reserves the right to modify the menu based on product availability

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form0508-0002-508-11-28-7Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: 1. mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or 2. fax: (833) 256-1665 or (202) 690-7442; or 3. email: program.intake@usda.gov. This institution is an equal opportunity provider. 5/19/23