



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 Account Restriction 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> <input type="checkbox"/> Fluid dairy milk <input type="checkbox"/> Cheese <input type="checkbox"/> Yogurt <input type="checkbox"/> All dairy products <input type="checkbox"/> All menu items with milk as an ingredient	<p>Eggs</p> <input type="checkbox"/> Whole eggs (i.e. scrambled, hard-boiled) <input type="checkbox"/> Egg whites <input type="checkbox"/> All menu items with eggs as an ingredient	<p>Soy</p> <input type="checkbox"/> Whole soy (i.e. tofu, edamame) <input type="checkbox"/> Soy protein <input type="checkbox"/> Soybean oil <input type="checkbox"/> Soy lecithin <input type="checkbox"/> All menu items with soy ingredients
<p>Nuts</p> <input type="checkbox"/> Peanuts <input type="checkbox"/> Tree nuts	<p>Corn</p> <input type="checkbox"/> Whole corn <input type="checkbox"/> All menu items with corn as an ingredient	<p>Wheat/Gluten</p> <input type="checkbox"/> Wheat <input type="checkbox"/> Gluten <input type="checkbox"/> Celiac
<p>Fish/Shellfish</p> <input type="checkbox"/> Fish <input type="checkbox"/> Shellfish		

Other (please specify): _____

Texture Modification (please specify IDDSI Level: 0-7): _____

Safe Food Substitutes (for item(s) checked above): _____

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

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