



FRISCO ISD Child Nutrition SPECIAL DIET 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 Caf�? <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).

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

Other (please specify): _____

Texture Modification (please specify i.e. consistency, bite size, thickener): _____

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

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.