



# Plano ISD Special Diet Accommodation Form

Please return signed form to your child's school nurse.

The United States Department of Agriculture regulations require substitutions or modifications in school meals for children whose disabilities restrict their diets. If a physician or other licensed healthcare provider determines that a child's food allergies may result in severe, life-threatening (anaphylactic) reactions, then the child's condition will meet the definition of a disability, and Plano ISD's Food and Nutritional Services must make the prescribed substitutions. In order to do so, the school must receive the following signed statement from the student's physician or other licensed healthcare provider.

### Part 1: TO BE COMPLETED BY PARENT/GUARDIAN

Student Name:	Student ID #:
Date of Birth:	School/Grade:
Parent/Guardian Name:	Phone #:

Will your child be eating meals prepared by the School Cafeteria?  Breakfast  Lunch  No

I understand that it is my responsibility to submit a new form anytime changes occur (i.e. student's medical or health needs change). To remove allergy restrictions from the student's account, the parent/guardian must submit a signed note or send an email stating that the student no longer has the food allergy/intolerance.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Does the above named student have an identified medical disability requiring a special diet?  
 **NO** (a special diet is not required)  
 **YES (Complete Part 2 Below)**

- SEVERE FOOD ALLERGY:** Student has a food allergy that is severe and/or causes an anaphylactic reaction
- MILD FOOD ALLERGY:** Student has a food allergy that is less severe (rash/hives, digestive problems, itching)
- FOOD INTOLERANCE:** Student has a food intolerance that may cause digestive problems, fatigue, irritability
- DYSPHAGIA/DISABILITY:** Student has difficulty eating- swallowing, chewing, drinking

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

- |  |  |  |
|--|--|--|
| <b>Dairy</b>   | <b>Eggs</b>  | <b>Soy</b>   |
| <input type="checkbox"/> Dairy milk                                | <input type="checkbox"/> Whole eggs                                | <input type="checkbox"/> Whole soy (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 egg as an ingredient  | <input type="checkbox"/> All menu items with soy ingredients |
| <input type="checkbox"/> All dairy products                        |  |  |
| <input type="checkbox"/> All menu items with milk as an ingredient |  |  |
| <b>Nuts</b>  | <b>Corn</b>  | <b>Wheat/Gluten</b>  |
| <input type="checkbox"/> Peanuts                                   | <input type="checkbox"/> Whole corn                                | <input type="checkbox"/> Wheat                               |
| <input type="checkbox"/> Tree nuts                                 | <input type="checkbox"/> All menu items with corn as an ingredient | <input type="checkbox"/> Gluten                              |
|  |  | <b>Fish/Shellfish</b>  |
|  |  | <input type="checkbox"/> Fish                                |
|  |  | <input type="checkbox"/> Shellfish                           |

**Other** (please specify): \_\_\_\_\_

**Safe Food Substitutes** (for items checked above): \_\_\_\_\_

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

Medical Authority Name Printed: \_\_\_\_\_ Phone #: \_\_\_\_\_

Medical Authority Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Plano ISD Food and Nutrition Services will attempt to accommodate the substitutions as requested, but reserves the right to modify the menu based on product availability.

This institution is an equal opportunity provider.