

Special Dietary Needs Form

This form is required as per the USDA, when a Judson ISD student has special dietary needs. This form **MUST** be completed and signed by a **Licensed Physician, Physician’s Assistant, or Advanced Nurse Practitioner** to be valid. No other forms will be accepted.

1. Student Name: _____

2. Date of Birth: _____

3. School: _____

4. Grade: _____

5. Does the student have a disability? Yes___ No___

Under section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990, and the ADA Amendments Act of 2008, a “person with a disability” is any person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment or is regarded as having such impairment.

6. If the student has a disability, please check the major life activities affected by the disability.

Breathing___; Eating___; Hearing___; Learning___; Seeing___; Speaking___; Walking___;

Performing manual tasks___; Caring for one’s self___

7. Please state the disability or medical condition and why it requires special meal accommodation:

USDA regulations require substitutions or modifications to school meals for students whose disability restricts their diet.

The Child Nutrition Department will make reasonable accommodations for students that have dietary restrictions that are non-life-threatening or not reported by a physician as a disability on a case-by-case basis.

The Child Nutrition Department will not make menu accommodations based on religious or food preferences.

Diet Prescription

1. Check the food allergen(s) to be omitted from the student's diet, and the degree of restriction. Most common food allergens are wheat, soy, seafood, peanut/tree-nut, shell-fish, milk, and egg. There is additional space for dietary restrictions not listed.

Allergen	Degree of Diet Restriction
<input type="radio"/> Peanut <input type="radio"/> Tree nut Common School Items- PB&J, Honeynut Cheerios, some prepackaged snack items	<input type="radio"/> Restrict nut containing foods
<input type="radio"/> Milk Protein Allergy (not lactose-intolerance) Common School Items- Fluid milk, cheese, yogurt, , some entrees, some sides, some condiments/sauces	<input type="radio"/> Restrict fluid milk, all dairy products, and foods with milk as an ingredient <input type="radio"/> Other _____
<input type="radio"/> Lactose Intolerance Common School Items- Fluid milk, cheese, yogurt	<input type="radio"/> Offer lactose-free fluid milk. Other dairy foods allowed <input type="radio"/> Offer lactose-free fluid milk, also restrict other dairy foods (cheese, yogurt)
<input type="radio"/> Egg Common School Items- Scrambled whole eggs, eggs as an ingredient	<input type="radio"/> Restrict whole eggs only (allow eggs baked in as ingredient) <input type="radio"/> Restrict all egg as an ingredient containing foods
<input type="radio"/> Seafood/ Shellfish Common School Items- Fish	<input type="radio"/> Restrict all seafood/shellfish containing foods
<input type="radio"/> Soy Common School Items- Soy Oil/Soy Protein-most menu items contain some form of soy	<input type="radio"/> Restrict all food items containing a form of soy <input type="radio"/> Other _____
<input type="radio"/> Wheat (Wheat, Barley, Rye, Oats) Common School Items- Most entrees, some sides, some sauces/condiments	<input type="radio"/> Restrict all wheat, barley, rye, and oats as an ingredient containing foods
<input type="radio"/> Other food accommodations:	Suggested Accommodation (Suggested accommodation may not be available)
Indicate any mechanical texture modification	<input type="radio"/> None <input type="radio"/> Chopped <input type="radio"/> Ground <input type="radio"/> Puree <input type="radio"/> Liquid <input type="radio"/> All foods <input type="radio"/> Other: _____

Duration of diet prescription: _____



Special Dietary Needs Form

Parent/Guardian Printed Name: _____

Parent Guardian Signature: _____ **Date:** _____

Parent Guardian Phone/ Email Contact: _____

*Required

***Medical Authority Printed Name:** _____

***Medical Authority Signature:** _____ **Date:** _____

***Medical Authority Phone Number:** _____

Please provide one copy of this form to the school nurse and one copy to:

Judson ISD Child Nutrition Services

210 School Street

Converse, TX 78109

Office: (210) 945-6720

Fax: (210) 945-6988

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