

Fort Worth ISD Child Nutrition Services Dietary / Allergy Request Form

Return completed form to the school nurse

- 1. Parent/Guardian: complete Section A. Sign and date form (required for processing)
- 2. Medical Authority: complete Section B. Print, sign and date form (required for processing)
- 3. Return completed form to the school nurse
- 4. Dietitians will review and process dietary requests in the order in which they are received
- 5. Incomplete form will be returned to the school nurse for parent/guardian completion

 Nutrition, carbohydrate content, and allergen information is available via MealViewer to help you plan your child's meals in a way that fits with your dietary and religious preferences, no dietary request form is needed. MealViewer can be accessed here: https://schools.mealviewer.com/district/FortWorthISD OR users can download the MealViewer To Go App available for Apple and Android devices.

SECTION A. To be Completed by Parent/Guardian		,		
Student ID Number Student's Na	me (Last, First)		Date of Birth	
Request Type Which n New Change/Modify Discontinue Brea	neals provided by the School Ca akfast Lunch NO		nt have an identified disability? (IEP o 504 No	r 504 Plan)?
				TTT
Parent/Guardian Email Address (CLEARLY PRINT)	I			
Parent Requests that are not due to a medical disability. Plaw to do so. These accommodations depend on product a			onal preferences but are NOT require o Pork	
This form must be completed at the start of each school year and student's medical authority ensures that current nutritional needs I give Fort Worth ISD Child Nutrition Services permission to speak	are being communicated.		year. Annual completion of this form	by the
PARENT/GUARDIAN SIGNATURE	Date	Phone number of	of Parent/Guardian	
SECTION B. To be Completed by Physician/Medical A	uthority			
TEXTURE MODIFICATION:				
☐ Year Round ☐ Temporary: Start:St	op:	Liquids: Thin (Regular liquids) Mildly	thick Moderately thick E	Extremely thick
Special Utensils required:		Solids: Regular Soft & Bite-Sized	☐ Minced & Moist ☐ Pµ	reed
ALLERGIES (Select all that apply):	- 10	· · · · · · · · · · · · · · · · · · ·		
EGG		CORN		
 Whole eggs such as scrambled eggs or hard cooked eg Baked goods with any egg listed as an ingredient 	ggs	 ☐ Whole corn such as corn kernels, tort ☐ Recipes with corn / corn products liste 		
DAIRY		NUTS	111	
 All food/beverages with milk listed as an ingredient inclu Cheese and recipes with cheese listed as an ingredient Yogurt 	HAN 프라이어스 (전기는 규칙) 10 10 10 10 15	Peanuts Tree Nuts specify:		
☐ Fluid Milk (Substitution: ☐ Lactose-free milk ☐ Wa	ater)	SOY		
FISH OR SHELLFISH		☐ Soy Lecithin		
Fish		Soy Protein (concentrate, hydrolyzed	v 1000 0000	
☐ Shellfish		Menu items with any soy listed as an	ingredient	
WHEAT / GLUTEN		OTHER		
Recipes with wheat listed as an ingredient	encontraction and the con-			
Recipes with Gluten (wheat, barley, rye, triticale) listed a				
I certify that the above named student needs to be offered for intolerance/allergy as indicated.	ood substitutions as described	l above because of the student's disability/life	e threatening food allergy or food	
Name of Medical Authority: (PLEASE PRINT)			□RD □PA □NP □	SLP
Prescribing Physician/Medical Authority Signature:		(DATE)		
Phone Number:		fourt		The second
School Nurse/Office Personnel USE ONLY				
Student ID: Student Name:			School Name:	
School RN	School RN		INdilig.	
Name:	Phone Number:	School RN Email:		