

SAISD Child Nutrition Special Diet Request Form 2020-2021
Please Fax to 210-228-3157 or Return to Campus Nurse



Student Name:		DOB:
School:	Grade:	ID # :

~ To be completed by a licensed physician or medical authority ~

All Special Diet accommodations MUST be supported by a medical condition

Medical Disability/Condition:

FOOD ALLERGY/INTOLERANCE → FOOD ANAPHYLAXIS? YES NO

Milk (mark **one** below and circle milk substitute): water lactose-free milk almond milk soy milk

Liquid Milk only (*allow other sources of milk*)

Dairy Products, including liquid milk, yogurt, and cheese

Milk in ALL foods, including liquid milk, dairy, and breads/baked goods

Whole Eggs only (*allow other sources of egg*)

Eggs, ALL sources, including those in baked goods

Fish

Shellfish

Peanuts

Tree Nuts

Whole Soybeans/Tofu

Soy in ALL foods

Wheat/Gluten

Other:

OTHER DIETARY RESTRICTIONS/NEEDS

Texture Modification (*please circle all that apply*): Soft Chopped Pureed Liquids Only

Thickened Liquids (*please circle one*): Nectar Honey Pudding

NPO; all nutrition provided by health services

Diabetic/Carb Restriction

Other Requests:

Medical Authority Name or Stamp: & Credential (Circle One Please!) MD RD DO PA NP	Phone #:
Medical Authority Signature:	Date:
Parent/Guardian Signature:	Date:

MEDICAL WAIVER Parents/Guardians may waive the medical Rx on their child's annual form ONLY IF one of the following is true:

My child needs **the same** dietary accommodations as received in the previous school year, **and** no special diet groceries must be purchased for my child.

My child needs **less** dietary accommodations than previously and is now allowed to receive the following food(s):

My child no longer needs dietary accommodations and is allowed to receive a regular meal.

Parent/Guardian Name:	Phone # :
Parent/Guardian Signature:	Date:

DISTRICT CNS USE ONLY ~ <input type="checkbox"/> Implemented/Updated	Date:
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SAISD CHILD NUTRITION SERVICES SPECIAL DIET REQUEST FORM INSTRUCTIONS AND GUIDELINES

1. A Special Diet Request Form **MUST** be completed **EVERY** school year.
2. The student's medical authority must complete, sign, and submit an updated Special Diet Request Form to request **new, more, and/or different** accommodations for the current school year; and/or if special diet groceries must be purchased as a part of the student's accommodation.
3. The parent/guardian may choose to waive the medical signature for a **subsequent** school year, if **less (but not different) and/or the same** accommodations are requested; ***except when special diet groceries must be purchased.*** If applicable, the parent/guardian must complete, sign, and submit the medical waiver section at the bottom of the form.
4. Please submit the form to the SAISD Registered Dietitian Nutritionist (RDN) via the student's campus nurse; or you may fax the form directly to the SAISD RDN at 210-228-3157.
6. Special Diet requests will be reviewed by the SAISD RDN or the Head Start Nutritionist.
7. Accommodations will be processed by the SAISD RDN or the Head Start Nutritionist in accordance with federal and state guidelines.
8. The school's food service staff is unable to make any special diet accommodations until the request is processed and implemented by the SAISD RDN or the Head Start Nutritionist.
9. **A special diet request may take up to 2 weeks to implement. However, at the beginning of the school year the implementation period may be longer due to the very high number of requests that are received at this time. During the implementation period, the parent/guardian of the student is responsible for providing the special diet.**
10. The SAISD CNS staff will make every attempt to **REASONABLY** accommodate students when dietary restrictions are not life threatening.
11. The student's campus nurse will be notified when a special diet request has been implemented; if you would like to know if your child's special diet has been implemented, please contact your child's campus nurse; or you may contact the SAISD RDN directly at 210-554-2290.
12. It is the parent/guardian's responsibility to notify the SAISD CNS department if any changes occur or if the student transfers to another school.
13. When a parent/guardian signs the Special Diet Request Form, he/she agrees to the special diet request made by the medical authority and gives the SAISD RDN permission to process the request as written; if you have any questions or concerns about how the medical authority completed the form for your child and would like to make changes, please contact the SAISD RDN at 210-554-2290.
14. The SAISD CNS department has the right to contact the medical authority to clarify the medical request.
15. All forms and information regarding special diet accommodations can be found on the SAISD CNS website; if you have additional questions, please call the SAISD CNS department at 210-554-2290.

SAISD Child Nutrition Services
San Antonio, TX 78201
Phone: (210) 554-2290
Fax: (210) 228-3157

This institution is an equal opportunity provider.