

**2025-2026**

**SAISD Child Nutrition Special Diet Request Form**

Please Fax to **210-228-3157** or Return to Campus Nurse



**SECTION 1—To be completed by a legal parent or guardian**

<b>Student Name:</b>		<b>DOB:</b>
<b>School:</b>	<b>Grade:</b>	<b>ID # :</b>

☐ My child needs special diet accommodations, as medically prescribed in section 2 of this form.

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

☐ My child needs **the same** dietary accommodations as received in the previous school year.

☐ My child needs **less** dietary accommodations (*please specify*):

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

<b>Parent/Guardian Name:</b>	<b>Phone #:</b>
<b>Parent/Guardian Signature:</b>	<b>Date:</b>

**SECTION 2—To be completed by a medical authority licensed by the state of Texas**

**MEDICAL DISABILITY**

☐ Food Allergy or Intolerance, student is **NOT** at risk for anaphylaxis

☐ Food Allergy, student **IS** at risk for anaphylaxis

☐ Other (*please specify*):

**Food Restrictions**

Milk (*mark one below and circle preferred 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 (*allow other sources of egg*)

☐ Eggs, **ALL** sources, including those in baked goods

☐ Fish

☐ Shellfish

☐ Peanuts

☐ Tree Nuts

☐ Whole Soybeans/Tofu (*allow other sources of soy*)

☐ Soy, **ALL** sources, including soybean oil

☐ Wheat/Gluten

☐ **Other:**

**Other Dietary Restrictions/Needs**

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

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

☐ NPO (*all nutrition received with health services*)

☐ Other Requests:

<b>Medical Authority Name &amp; Credential (RD, MD, DO, PA, NP):</b>		<b>Phone #:</b>
<b>Medical Authority Signature:</b>		<b>Date:</b>
<b>SAISD CNS USE ONLY:</b> IMPLEMENTED OR UPDATED ON _____ BY _____ UPDATES _____		

## 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.
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. If applicable, the parent/guardian must complete, sign, and submit the medical waiver section at the top 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.
5. Special Diet requests will be reviewed by the SAISD RDN or the Head Start Nutritionist.
6. Accommodations will be processed by the SAISD RDN or the Head Start Nutritionist in accordance with federal and state guidelines.
7. 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.
8. **A special diet request may take up to two 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.**
9. The SAISD CNS staff will make every attempt to reasonably accommodate students when the medical condition is not life threatening.
10. 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.
11. It is the parent/guardian's responsibility to notify the SAISD CNS department of any changes to the diet; or if the student transfers to another school.
12. 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.
13. The SAISD CNS department has the right to contact the medical authority to clarify the medical request.
14. 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.***