



CHILD NUTRITION Department

SPECIAL DIET REQUEST FORM

Generally, children with food allergies or intolerances do not have a disability as defined under either Section 504 of the Rehabilitation Act or Part B of Individuals with Disabilities Education Act. [The Child Nutrition Department is not required to make food substitutions for these children.](#)

However, when in the licensed U.S. physician's assessment, food allergies may result in severe, life-threatening (anaphylactic) reactions, the child's condition would meet the definition of "disability," and the substitutions prescribed by the licensed physician must be made.

New Special Diet Change Diet Request on File

Students Full Name (printed)

Last: _____ First _____ Date of Request: _____

Date of Birth: _____ School: _____ Student ID# _____

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____

Daytime Phone: _____ Email: _____

Which Meals will the student eat from the Cafeteria? **CIRCLE Below**

All Breakfast/Lunch/Supper Breakfast Only Lunch Only Supper Only None

Does the child have an identified disability and/or life threatening food allergy? **CIRCLE Below**

No, my child and I will be responsible for self-monitoring his/her food allergy or intolerance. Complete Part 1—Student has a Non-Life Threatening Food Allergy or Food Intolerance

Yes, my child is evaluated by IDEA as having one or more of the recognized 13 disability categories and who, by reason therefore, needs special education and related services. Complete Part II/Section A & B- Student has a disability and/or Life Threatening Food Allergy.

DIRECTIONS: Part I & II to be filled out and completed ONLY by a Recognized Medical Authority treating the student

Part I- If the student has a (Non-Life) Threatening Food Allergy or Food Intolerance

Part II Both Section A & B- If the student has a Disability and/or Life-Threatening Food Allergy

Prescribing U.S. Medical Authority Name (Printed): _____ Telephone: _____ 01 9.7

While the rising prevalence of childhood obesity is a serious health concern, it is NOT currently classified as a disability. Nonetheless, the IDEA Public Schools Child Nutrition Program provides nutritionally rich and healthy menus for ALL meals: therefore, a special diet request for these options would not be necessary.

An Allergy ALERT NOTIFICATION will appear on your child's meal account (Check ALL that Apply)

Whole Egg Eggs as an ingredient, i.e. egg as ingredient in pancakes is not allowed

Peanuts Tree Nuts (Walnuts, Pecans, Almonds, Hazelnuts etc.) Sesame Seeds

Avoid Fluid Milk Only Avoid dairy products (fluid milk, cheese, yogurt, ice cream) Avoid milk as an ingredient

Avoid Soy Milk Only Avoid all Soy containing products Fish Shellfish Wheat/Gluten

List Others: _____

SECTION A: DISABILITY

List all disabilities requiring meal modifications: _____

Major life activity affected by DISABILITY: Note: IPS cannot honor this request form unless at least one life activity is marked

Eating Speaking Hearing Seeing

SECTION B: LIFE-THREATENING FOOD ALLERGIES (FOOD ANAPHYLAXIS) (Check ALL that Apply)

Whole Egg Eggs as an ingredient, i.e. egg as ingredient in pancakes is not allowed

Peanuts Tree Nuts (Walnuts, Pecans, Almonds, Hazelnuts etc.) Sesame Seeds

Avoid Fluid Milk Only Avoid dairy products (fluid milk, cheese, yogurt, ice cream) Avoid milk as an ingredient

Avoid Soy Milk Only Avoid all Soy containing products Fish Shellfish Wheat/Gluten

List Others: _____