



# HARLANDALE

INDEPENDENT SCHOOL DISTRICT

Child Nutrition Department  
 Nutritional Need Form for 2018-2019 School Year

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NEW DIET     CHANGE CURRENT DIET     DISCONTINUE DIET     TEMPORARY DIET (List Duration)

Student Legal Name – Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Grade: (in Sept 2018) \_\_\_\_\_ AVANCE PRE-K  Y  N

**SECTION A:** Does the child have a disability that affects his/her major life activities? YES \_\_\_\_\_ NO \_\_\_\_\_

❖ If yes, check the life activities affected and the reason the disability prevents the child from eating the regular school meals.

Eating/swallowing     Walking     Learning     Other  
 Hearing     Speaking     Sight    \_\_\_\_\_

❖ If yes, explain condition/diagnosis that requires a special diet or food modification at school:

\_\_\_\_\_

**SECTION B:** Check the food allergens to be removed from the child's diet if applicable. The 8 most common food allergies are: milk, egg, wheat, soy, shellfish, fish, peanuts, and tree nuts (walnuts, almonds, cashews, etc.).

❖ Does the student have food allergies that are life-threatening/anaphylactic? YES \_\_\_\_\_ NO \_\_\_\_\_  
 ❖ Are you discontinuing any previous food allergies? YES \_\_\_\_\_ NO \_\_\_\_\_ If Yes, you must check ALL allergies to be discontinued & select any allergies that still need modifications.

<input type="checkbox"/> No Diet Modification Needed	Diet Restriction	Substitutions
<input type="checkbox"/> <b>Cow's Milk Allergy</b> Also known as Lactose Intolerance	<input type="checkbox"/> <b>Discontinue this allergy</b> Avoid cow's milk	Lactaid or soy milk only
<input type="checkbox"/> <b>Milk Protein Allergy</b> <b>Must AVOID:</b> Milk, yogurt, ranch dressing, some breaded entreés, some bread items	<input type="checkbox"/> <b>Discontinue this allergy</b> No milk products, even if milk is listed as an ingredient	Will require special menu
<input type="checkbox"/> <b>Egg Product Allergy - NO eggs in ANY form</b> <b>Must AVOID:</b> Breaded entreés, many breakfast grains, corndogs	<input type="checkbox"/> <b>Discontinue this allergy</b> No egg containing products, even as an ingredient	Will require special menu, mostly affecting breakfast menu
<input type="checkbox"/> <b>Egg Allergy – ALLOWS egg in BAKED items</b> <b>Must AVOID:</b> Egg when it is listed first, second or third on the ingredient list.	<input type="checkbox"/> <b>Discontinue this allergy</b> None needed, as egg is allowed in baked items	No special menu is needed
<input type="checkbox"/> <b>Wheat Allergy</b> Also known as Gluten-Free <b>Must AVOID:</b> All wheat bread products, breaded entreés, gravy, some breakfast cereals, pizza	<input type="checkbox"/> <b>Discontinue this allergy</b> No wheat, rye, barley or oat containing products, even when listed as an ingredient	Will require special menus, gluten-free products will be provided

<input type="checkbox"/> <b>Soy Allergy – Most restrictive</b> <b>Must AVOID:</b> Most of our regular menu items	<input type="checkbox"/> <b>Discontinue this allergy</b> No soy products, even when listed as an ingredient. Includes anything with soybean, soybean oil, soy flour, soy lecithin, etc.	Will require special menus, which may only be a 1 or 2-week cycle				
<input type="checkbox"/> <b>Peanut/Tree Nut Allergy</b> <b>Must AVOID:</b> 1 or 2 prepackaged breakfast items	<input type="checkbox"/> <b>Discontinue this allergy</b> No nut products, even as ingredients	May require special menu for breakfast, depending on your campus				
<input type="checkbox"/> <b>Fish/Seafood/Shellfish Allergy</b> <b>Must AVOID:</b> Egg roll, fish nuggets <b>Please specify:</b>	<input type="checkbox"/> <b>Discontinue this allergy</b> No fish/seafood/shellfish products, even as ingredients	Will require special menu, only affects 1-3 days of the week for lunch				
<input type="checkbox"/> <b>Foods to Omit that are Not Listed Above</b> <b>Please specify:</b>  <input type="checkbox"/> <b>Check if food needs to be removed as an ingredient</b>	<input type="checkbox"/> <b>Discontinue this allergy (please list allergens below):</b> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><b>Please specify Diet Restrictions:</b></td> <td style="width: 50%;"><b>Please specify Food Substitutions:</b></td> </tr> <tr> <td style="height: 100px;"></td> <td style="height: 100px;"></td> </tr> </table>		<b>Please specify Diet Restrictions:</b>	<b>Please specify Food Substitutions:</b>		
<b>Please specify Diet Restrictions:</b>	<b>Please specify Food Substitutions:</b>					

**NOTE-** If your student has multiple allergies, consider contacting the District Dietitian to review food items and the menu plan.

**SECTION C:** Please address if the following modifications need to be made:

❖ Texture or Liquid-Consistency Modifications: N/A

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❖ List any special equipment or utensils that are needed: N/A

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❖ List any oral supplementation or tube feeding: (include product name, frequency and dosage): N/A

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**I verify that the above noted student has special dietary needs requiring adjustments to the school breakfast, lunch, and after school snack program menus.**

\_\_\_\_\_  
 Medical Authority \*\* Printed Name

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Medical Authority Signature

\_\_\_\_\_  
 Office Phone/Fax Numbers

**\*\*[Recognized medical authority may include: Physician, Physician Assistant, or Advanced Practice Nurses].**

I understand that this form is required to be completed by a recognized medical authority to document a special dietary or nutritional need for all HISD students. It is my responsibility to have this form completed **yearly** and a new form will need to be submitted to update the Child Nutrition department on any changes or discontinuation of the requested diet or nutritional need with a recognized medical authority signature.

Student Legal Name – Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_  Cell  Home  Work

Parent/Guardian Email Address: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_