



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"/> Cow's Milk Allergy Also known as Lactose Intolerance	<input type="checkbox"/> Discontinue this allergy Avoid cow's milk	Lactaid or soy milk only
<input type="checkbox"/> Milk Protein Allergy Must AVOID: Milk, yogurt, ranch dressing, some breaded entreés, some bread items	<input type="checkbox"/> Discontinue this allergy No milk products, even if milk is listed as an ingredient	Will require special menu
<input type="checkbox"/> Egg Product Allergy - NO eggs in ANY form Must AVOID: Breaded entreés, many breakfast grains, corn dogs	<input type="checkbox"/> Discontinue this allergy No egg containing products, even as an ingredient	Will require special menu, mostly affecting breakfast menu
<input type="checkbox"/> Egg Allergy – ALLOWS egg in BAKED items Must AVOID: Egg when it is listed first, second or third on the ingredient list.	<input type="checkbox"/> Discontinue this allergy None needed, as egg is allowed in baked items	No special menu is needed
<input type="checkbox"/> Wheat Allergy Also known as Gluten-Free Must AVOID: All wheat bread products, breaded entreés, gravy, some breakfast cereals, pizza	<input type="checkbox"/> Discontinue this allergy 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"/> Soy Allergy – Most restrictive Must AVOID: Most of our regular menu items	<input type="checkbox"/> Discontinue this allergy 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"/> Peanut/Tree Nut Allergy Must AVOID: 1 or 2 prepackaged breakfast items	<input type="checkbox"/> Discontinue this allergy No nut products, even as ingredients	May require special menu for breakfast, depending on your campus				
<input type="checkbox"/> Fish/Seafood/Shellfish Allergy Must AVOID: Egg roll, fish nuggets Please specify:	<input type="checkbox"/> Discontinue this allergy 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"/> Foods to Omit that are Not Listed Above Please specify: <input type="checkbox"/> Check if food needs to be removed as an ingredient	<input type="checkbox"/> Discontinue this allergy (please list allergens below): <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Please specify Diet Restrictions:</td> <td style="width: 50%;">Please specify Food Substitutions:</td> </tr> <tr> <td style="height: 100px;"></td> <td style="height: 100px;"></td> </tr> </table>		Please specify Diet Restrictions:	Please specify Food Substitutions:		
Please specify Diet Restrictions:	Please specify Food Substitutions:					

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

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

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

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: _____