

# Food and Nutrition Request for Special Nutritional Needs Annual Medical Statement for Students

School Year: \_\_\_\_\_ (Año escolar)

## PART A Parent / Guardian: Complete Items 1 - 16 (Padre/madre/tutor: complete la información en los espacios 1 al 16)

<b>1) Student ID#</b> (Numero de estudiante)	<b>2) Student's Last Name</b> (Apellido)	<b>3) Student's First Name</b> (Nombre del estudiante)	<b>4) Date of Birth</b> (Fecha de nacimiento)

<b>5) School</b> (Escuela)	<b>6) Grade</b> (Grado)

**Parent/Guardian Name & Contact Information (Nombre & Información del contacto)**

<b>7) Name</b> (Nombre)	<b>8) Phone Number</b> (Teléfono)	<b>9) Mailing Address, City, State, Zip</b> (Dirección posta, ciudad, estado, código postal)

**10) E-mail Address** (We will use this to send acknowledgement and details of your child's menú plan. PRINT NEATLY)  
Dirección electrónica (será usada para acuso de recibo y detalles sobre el menú de su niño. IMPRIMA)

**11) Allowable Parent Request:** (Solicitud de los padres)

**Lactose Intolerance** (intolerancia a lactosa)  
*Mark if student cannot eat (marque si no puede comer)*
 **Cheese** (queso)
  **Yogurt** (yogur)

**Cultural/Religious Preference** (preferencias culturales/religiosas)  
*Mark if student cannot eat (marque si no puede comer)*
 **Pork** (carne de cerdo)
  **Beef** (carne de res)
  **Other** (otro) \_\_\_\_\_

**Other Condition (Must be diagnosed by physician using Part B)** (Otro condición- debe ser diagnosticado por un médico en la parte B)

**12) Does the student have an identified disability (IEP or 504 Plan)?**  
¿Ha sido el estudiante identificado con una discapacidad (PEI o Plan 504)?  Yes (Si)  No

**13) I consent to the exchange of information between the physician and school, as needed.**  
(Doy mi consentimiento para que la información sea intercambiada entre el médico y la escuela, según sea necesario)

**Parent / Guardian Signature (required for processing)** (Firma del padre/madre/tutor - requerido para ser procesado) X **Date** (Fecha)

**Parent/Guardian: It is REQUIRED that this completed form is returned to the cafeteria manager. All further changes to the child's diet must be made by a physician on a new form with the exception of lactose intolerance or cultural preference. The manager will add the alert to the cashier system & return the form to the District FNS Office for consideration.**  
(Padre/madre/tutor: Se REQUIERE que se devuelva la forma debidamente completada al gerente de la cafetería. Cualquier cambio en la dieta del estudiante debe ser hecho por un médico en una nueva forma, a excepción de la intolerancia a lactosa o preferencias culturales. El gerente de la cafetería añadirá un alerta en el sistema de cajeros y devolverá la forma a las oficinas de Alimentos y Nutrición del Distrito)

Information regarding major allergens and nutrient/carbohydrate information are available for review at: <https://family.titank12.com/menu/YMT5WZ>  
(Ver información sobre alérgenos y nutrientes/carbohidratos en <https://family.titank12.com/menu/YMT5WZ>)

## PART B COMPLETED BY THE PHYSICIAN ONLY: Complete Items 17 – 20 (17 al 20 - Esta sección para ser completada por el médico solamente.)

**14) Student Diagnosis or Condition**  Food Intolerance  Food Allergy  \*Life Threatening Food Allergy \*Students with life threatening food allergies must have an emergency action plan in place at school.  
 Other (Specify) \_\_\_\_\_

**15) Please check all food(s) to omit from child's diet during the school only (not to be used as a medical history):**

<p><b>DAIRY</b></p> <p><input type="checkbox"/> Fluid Milk.</p> <p><input type="checkbox"/> Cheese and recipes with cheese listed as an ingredient</p> <p><input type="checkbox"/> Cream</p> <p><input type="checkbox"/> Yogurt</p> <p><input type="checkbox"/> Baked goods with any dairy listed as an ingredient</p> <p><b>EGG</b></p> <p><input type="checkbox"/> Whole eggs such as scrambled eggs or hard cooked eggs</p> <p><input type="checkbox"/> Baked goods with any egg listed as an ingredient</p> <p><b>WHEAT / GLUTEN</b></p> <p><input type="checkbox"/> Recipes with any wheat listed as an ingredient</p> <p><input type="checkbox"/> Recipes with any gluten containing grain listed as an ingredient</p> <p><b>FISH OR SHELLFISH</b></p> <p><input type="checkbox"/> Fish <input type="checkbox"/> Shellfish</p>	<p><b>PEANUTS OR TREE NUTS</b></p> <p><input type="checkbox"/> Peanuts</p> <p><input type="checkbox"/> Tree Nuts</p> <p><b>CORN</b></p> <p><input type="checkbox"/> Whole corn such as corn kernels, tortilla chips, corn muffin</p> <p><input type="checkbox"/> Recipes with corn / corn products listed as an ingredient</p> <p><b>SOY</b></p> <p><input type="checkbox"/> Soy Lecithin</p> <p><input type="checkbox"/> Soy Protein (concentrate, hydrolyzed, isolate)</p> <p><input type="checkbox"/> Recipes with any soy listed as an ingredient</p> <p><b>OTHER</b></p> <p><input type="checkbox"/> Other, specify if it is a cooked ingredient or when consumed fresh</p>
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**16) Does the student have a disability, medical condition, or severe food allergy warranting a special diet?**  Yes If "YES", specify disability below  
A disability is defined as a physical or mental impairment which substantially limits one or more major life activities.  No If "NO", A SPECIAL DIET IS NOT WARRANTED.

Disability (specify) \_\_\_\_\_ Describe major life activities affected \_\_\_\_\_

**FOOD TEXTURE MODIFICATION** If medically needed check ONE:  Pureed  Ground  Chopped

**17) LICENSED PHYSICIAN'S INFORMATION** Diet Order Form will be returned to parent / guardian and NO accommodations will be made if this section is not filled in its entirety.

Medical Authority Signature	Date				Medical Authority Printed Name
				202	