



Return completed form to the school nurse

- 2. Medical Authority: Complete Section B. Print, sign and date form (required for processing). If you plan your child's meals in a way that does not include a food that is an allergen, you do not need to complete this section.
- 3. Incomplete form will not be processed.

Student ID Number

Student's Name

Request Type

Which meals provided by the school?

Parent Request

is not due to a medical disability. Please Note: Availability of certain foods is subject to availability on the menu. Lactose Intolerant Vegan Vegetarian No Pork No Beef

I give Fort Worth ISD Child Nutrition Services permission to speak with the medical authority to discuss dietary needs if needed.

PARENT/GUARDIAN SIGNATURE

Date

Phone # of Parent/Guardian

SECTION B. To be Completed by Physician/Medical Authority

- Food allergy: Grain Eggs Dairy Soy Fish Shellfish Nuts Corn
- Texture: Soft Chopped Small Bite-Sized Minced & Moist Pureed

ALLERGIES (Select all that apply):

EGG

- Whole eggs such as scrambled eggs or hard cooked eggs
- Baked goods with any egg listed as an ingredient

CORN

- Whole corn such as corn kernels, tortilla chips, corn muffin
- Recipes with corn/corn products listed as an ingredient

DAIRY

- Milk (fluid milk, substitution)
- Lactose free milk
- Water

NUTS

- Soy Protein (concentrate, isolate, soy lecithin)
- Menhaden fish oil
- Any soy

FISH

- Recipes with wheat listed as an ingredient
- Recipes with Gluten (wheat, barley, rye, triticale) listed as an ingredient

OTHER

I certify that the above is true.

Name of Medical Authority (PLEASE PRINT)

- MD DO RD PA NP SLP

Phone Number

(SIGNATURE)

(DATE)

School Nurse/Office

School