

2016-2017 Forma Especial Solicitud Dieta

- New** Special Diet Request **Change** Current Special Diet Request **Renew** Existing Special Diet Request **Temporary** Special Diet Request (Start _____ & End Date _____)

Nombre Completo del Estudiante (impreso): _____ Fecha de Solicitud: _____
Apellido: _____ Nombre: _____ Escuela: _____
Fecha de nacimiento: _____ Grado: _____ Estudiante ID #: _____
Nombre del Padre/ Guardián (impreso): _____
Teléfono durante el día: _____ E-mail: _____

Mi estudiante va a comer cuál de las siguientes comidas de la cafetería de la escuela?

El desayuno y el almuerzo sólo el desayuno sólo el almuerzo

Ninguno (Si, el estudiante no come en la cafetería, se organizará **ninguna** modificación)

Entiendo que es mi responsabilidad de renovar esta forma antes de cada año escolar y cada vez que cambian las necesidades nutricionales de mi hijo(a). Doy Edinburg CISD Departamento de Alimentos permiso para hablar con el médico mencionado abajo o otra autoridad reconocida médica para discutir las necesidades dietéticas descritos a continuación.

Firma del Padre/Guardián: _____ Fecha: _____

To Be Completed Only by Physicians, Physician Assistants or Nurse Practitioners

MD/DO/PA/NP Must Attach Supporting Medical Documentation to Confirm Claimed Food Allergy and/or Disability

Prescribing Medical Authority Name (printed): _____ Telephone: _____ Fax: _____
Signature: _____ Date: _____
Address (street, city, state, ZIP): _____

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

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

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

Part I: Non-Life Threatening Food Allergy (check ALL that apply)

- Eggs: whole eggs egg as an ingredient, i.e. scrambled eggs are omitted and egg as an ingredient in pancake is not allowed
- Nuts: peanuts tree nuts (walnuts, pecans, almonds, hazelnuts...etc.) sesame seeds
- Milk/Dairy allergy: Avoid fluid milk only Avoid all dairy products (fluid milk, cheese, yogurt, ice cream) Avoid dairy in all baked goods
- Soy: Avoid soy milk only Avoid all soy containing products Fish Shellfish Wheat

List Others: _____

Please identify the food or choice of foods to be substituted: _____

**** While the rising prevalence of childhood obesity is a serious health concern, it is NOT currently classified as a disability. Nonetheless, the ECISD Child Nutrition Department provides low fat/low sugar/low sodium menus for ALL meals; therefore, a special diet request for these options would not be necessary. Furthermore, in an effort to assist families manage a healthier lifestyle, nutritional information is posted on the ECISD Child Nutrition department website.**

PART II. Disability & *Life-Threatening Food Allergies*^{*}; additional supporting medical documentation is required

SECTION A: DISABILITY

Circle all disabilities requiring meal modifications:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Cancer/Leukemia | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Phenylketonuria (PKU) |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> HIV Disease | <input type="checkbox"/> Autism | <input type="checkbox"/> Nephritis |
| <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Mental Retardation | <input type="checkbox"/> Emotional Disturbance | <input type="checkbox"/> Drug Addiction/Alcoholism |
| <input type="checkbox"/> Speech Impairment | <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Orthopedic Impairment |

Major life activity affected by DISABILITY: Note: Edinburg CISD cannot honor this Request Form unless at least one life activity is marked.

- Eating Speaking Hearing Seeing Walking Learning Breathing
- Caring for One's Self Performing Manual Tasks Other, specify: _____

Diet Order: Indicate specific restrictions in space provided

Safe Food Substitutes*:

Texture Modification, if applicable, specify below.

- Liquids No Restrictions Thin Thickened (Nectar) Thickened (Honey) Thickened (pudding)
- Solids No Restrictions Mechanical Soft Chopped Mechanical Soft Ground Pureed

*The Child Nutrition Department will attempt to accommodate the substitutions as requested but reserves the right to modify the menu based on product availability.

SECTION B: LIFE-THREATENING FOOD ALLERGIES (FOOD ANAPHYLAXIS)

Life-threatening food allergies: ingestion contact inhalation EpiPen/ Emergency Epinephrine prescribed

Eggs: whole eggs egg as an ingredient, i.e. scrambled eggs are omitted and egg as an ingredient in pancake is not allowed

Nuts: peanuts tree nuts (walnuts, pecans, almonds, hazelnuts...etc.) sesame seeds

Milk/Dairy allergy: Avoid all dairy products (fluid milk, cheese, yogurt, ice cream) Avoid dairy in all baked goods

Soy: Avoid all soy containing products Fish Shellfish Wheat

List Others: _____

Please identify the food or choice of foods to be substituted: _____

MAIL or FAX To:

Attention: Dietitian
Edinburg CISD Child Nutrition Department
1313 E. Schunior
Edinburg, Texas 78541
Office: (956) 289-2575
Fax: (956) 380-8905