

**Judson ISD**  
**Child Nutrition Department**  
**Special Dietary Needs Form**  
**(Attachment A)**

This form is required when a Judson ISD student has special dietary needs.

**This form must be completed by a licensed physician or medical authority.**

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

---

Does the student have a disability? \_\_\_\_\_ If yes, does disability restrict student's diet? \_\_\_\_\_

Describe the major life activities affected by the disability: \_\_\_\_\_

\_\_\_\_\_

---

Does student have a milk intolerance? \_\_\_\_\_ If yes, please indicate level of milk restriction.

- Milk to drink only.
- All dairy products including milk, cheese, yogurt, margarine, ranch dressing
- No restriction necessary. Student takes 'Lactaid' medication.

Note: Drinking water is available for all students.

---

Does student have food allergies? \_\_\_\_\_ If yes, please indicate foods to restrict.

- Peanuts/Tree Nuts
- Milk & Milk Products - Includes all milk solids, including casein, whey, lactalbumin
- Wheat - Includes all wheat flours, starch, wheat extracts, thickeners, etc. (**Not Gluten Free**)
- Soy - Includes all forms of soy, including soy flour, soy fiber, soy albumin  
Can students tolerate soy lecithin and soybean oil? \_\_\_\_\_
- Eggs – Includes egg white and yolk, dry eggs and egg solids
- Fish
- Other \_\_\_\_\_

**This space may be used to indicate a lower level of restriction for food allergies listed above.  
(i.e. Eggs. Restrict whole eggs only. Student can tolerate eggs cooked into baked goods.)**

---

List foods/beverages to be substituted for food being restricted (i.e. substitute water for milk, rice for wheat)

\_\_\_\_\_

---

Does student have any other food restrictions or intolerances? \_\_\_\_\_ If yes, please list below.

\_\_\_\_\_

---

Does student require texture modification? \_\_\_\_\_ If yes, please indicate below:

Mechanically Soft \_\_\_\_\_

Blended/Pureed \_\_\_\_\_

Additional Information: \_\_\_\_\_

---

\_\_\_\_\_  
Physician Signature:

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Day Time Phone No.

\_\_\_\_\_  
Email Address (if available)

Please provide one copy of this form to the student's school nurse and one copy to:

Christina Welch  
Assistant Director of Child Nutrition  
Judson ISD  
210 School Street  
Converse TX 78109  
(210) 945-6720 phone  
(210) 658-2104 fax

*In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington D.C. 20250-9410 or call 202/720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.*