

**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 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, gluten, wheat extracts, thickeners, etc.
- 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.)**

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.

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

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