

Mesquite ISD Food & Nutrition Services

Dear Parent/Guardian,

You have indicated that your child has a condition requiring diet modification such as food allergy or intolerance, or other modification to diet like sodium restriction or texture modification.

Mesquite ISD is committed to providing a safe environment for your child at school.

This Document is Very Important! Please Read It Carefully!

The following steps are required for the cafeteria to make any changes to your child's meal choices:

1. The Diet Modification Form must be filled out in its entirety by a **physician** in accordance with State and Federal law. Please take the school menu* and this paper to the doctor. The doctor must indicate which foods your child cannot consume and what foods may be substituted in place of that item. Cafeteria staff **may not** substitute or change menu items without written doctor's orders on file. *This is State law.*
 - a. Diet modifications are strictly followed. For example, if the physician states that your child is allergic to dairy, then cafeteria staff cannot serve pizza, cheese, waffles or any other items that contain dairy to your child – even if you allow your child to consume such items at home. If your child *does not* have a *severe* allergy, please consider this before submitting the diet modification form.
 - b. In order to remove an allergy or diet modification, a second Diet Modification Form must be completed by a physician. It must state that the child is no longer allergic or no longer needs diet modification.
 - c. Please note that neither juice nor water can be substituted for milk. *This is Federal law.* Lactose-free or soy milk is available for students whose physician completes a request for (cow) milk substitution.
 - d. If you would like to speak to the Mesquite ISD Dietitian before submitting the diet modification form, please see the contact information below.

*Menus are available on the district website:

<http://www.mesquiteisd.org/departments/food/menus.htm>

2. Once the Diet Modification Form has been completed by a physician, please return the form. The form may be submitted to the MISD Dietician by email or fax (below). If you don't have access to email or fax, please return the form to your child's school nurse.
3. Review the menu with your child so that they understand which choices are available from the cafeteria. A list of common allergens in each menu item is available on the district website: <http://www.mesquiteisd.org/departments/food/menus.htm>

Thank you for your consideration when dealing with food modifications for your child. If you have any questions please do not hesitate to contact the Mesquite ISD Food & Nutrition Services Department.

Rachel Crawford, MISD Dietitian

RCrawford@mesquiteisd.org

Phone: 972-882-5468

Fax: 972-882-5580



FOOD AND NUTRITION SERVICES DIET MODIFICATION REQUEST

STUDENT'S NAME (LAST, FIRST) _____ DATE OF BIRTH _____

Please fax or email form to MISD Dietitian or return form to school nurse upon completion.

MISD Dietitian: Rachel Crawford. FAX: 972-882-5580; EMAIL: RCrawford@mesquiteisd.org; PHONE: 972-882-5468. PLEASE CALL WITH QUESTIONS OR CONCERNS.

Section A or B to be completed by authorized medical authority

Section A.

Disability or severe, life threatening food allergy
Student's medical condition/disability (REQUIRED):

I. Therapeutic Diet Order:

Duration:
 Temporary: Start: _____ End: _____
 Year Round
=====

Diabetic: Carbohydrate Allowance
Breakfast: _____g Lunch: _____g Snack: _____g

Cardiac: Fat: _____g Na: _____g

PKU: Protein: _____g

Renal: Na: _____g K: _____g Phos: _____g

Sodium Restriction: Na: _____g

Other:

II. Texture Modification:

Medical condition requiring texture modification

Duration:
 Temporary: Start: _____ End: _____
 Year round
=====

<u>Liquids:</u>	<u>Solids:</u>
<input type="checkbox"/> Thin (Regular liquids)	<input type="checkbox"/> Mechanical Soft (chopped)
<input type="checkbox"/> Nectar Thick	<input type="checkbox"/> Mechanical Soft (ground)
<input type="checkbox"/> Honey Thick	<input type="checkbox"/> Pureed
<input type="checkbox"/> Pudding Thick	

III. Allergies that are life threatening/anaphylactic:

Yes, continue with this section No, refer to section B

Foods to omit from diet:
Allergens:
 Dairy Egg Tree Nut Soy
 Corn Peanut Wheat Seafood
 Other:

Food Substitutions:

Section B.

Food Intolerance/Allergy
Student without a disability but is requesting a special meal or dietary accommodation.

Student's allergy/intolerance to food (s) below
Does not result in a Life Threatening/Anaphylactic reaction

I. Food Allergy/Intolerance

*Safe Food Substitutions:

*Note: Food and Child Nutrition Services will attempt to accommodate the substitution as requested but reserves the right to modify the menu based on product availability

II. Lactose Intolerance (No liquid milk; other dairy products are allowed)
-Substitutions: (Upon request only)
 Milk Substitution (Soy milk – offered ONLY at breakfast)
Note: Water is available to all students at lunch

Section C.

Religious Food Restrictions: MISD cannot alter your student's menu choices based on religion. If you would like a list of menu items containing pork or other food items, please contact the dietitian.

I certify that the above named student needs to be offered food substitutions as described above because of the student's disability/Life Threatening food allergy or food intolerance/allergy as indicated.

Name of Medical Authority _____ (PLEASE PRINT) MD DO RD PA NP SLP

Prescribing Physician/Medical Authority Signature: _____ (SIGNATURE) _____ (DATE)

Contact Number: _____

I understand that this form will remain on file each year. I understand that if my child's medical or health needs change, it is my responsibility to provide documentation from my child's physician to the Food and Nutrition Services office or the school nurse.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

ADDRESS/EMAIL _____ CONTACT NUMBER OF PARENT/GUARDIAN _____

Office Personnel USE ONLY
Student ID # _____ Student Name _____ School _____
School RN Name _____ School RN Email _____ School RN Contact # _____

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