



Return completed form to the school nurse

- 2. Medical Authority: Complete Section B. Print, sign and date form (required for processing).
- 3. Incomplete form will be returned to the parent/guardian.

Student ID Number

Student's Name

Request Type

Which meals provided by the school?

Parent/Guardian Signature

Parent Request

is not due to a medical disability. Please Note:

Availability on the day of request: Lactose Intolerant Vegan Vegetarian No Pork No Beef

Medical authority ensures that current nutritional needs are being communicated.

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

PARENT/GUARDIAN SIGNATURE

Date

Phone # of Parent/Guardian

SECTION B. To be Completed by Physician/Medical Authority

Texture

- Soft
- Solid
- 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 products listed as an ingredient

DAIRY

- Milk (Substituted)
- Lactose free milk
- Water

NUTS

- Soy Protein (congeners)
- Menstrual

Recipes with wheat listed as an ingredient

OTHER

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

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