

FOOD and NUTRITION SERVICES REQUEST FORM
For Special Nutritional and Medical Needs

Date Received by FNS/Initial: _____

READ CAREFULLY:



INSTRUCTIONS FOR COMPLETING FORM:

PART A: Parent to complete for child with lactose intolerance, religious or food preferences
PART B: To be completed by physician ONLY if you are requesting changes to your child's diet due to food allergies or a medical condition

Return completed form to school front office or cafe manager.

Please contact district dietitian if you have questions about completing this form: 321-633-1000 x 11690

PART A - Parent/Guardian to complete

School Name: _____

Student Name: _____	Student Date of Birth: _____
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Parent/Guardian Name and Email Address: _____	Telephone Number: _____
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Parent Request: Lactose Intolerance- my child cannot drink/eat: milk cheese yogurt ice cream
 Religious Preferences -my child cannot eat: _____
 Medical Condition/Allergy (PHYSICIAN NEEDS TO COMPLETE PART B)

Parent/Guardian Signature: X _____ Date: _____
 (I consent to the exchange of information between physician and school; check if you do not consent _____)

PART B- Completed and signed - food allergy/medical condition

Special Diet Request due to Food Allergies Medical Condition (please specify) _____

<p>DAIRY</p> <p><input type="checkbox"/> Baked goods that contain dairy (rolls)</p> <p>EGG</p> <p><input type="checkbox"/> Whole eggs</p> <p><input type="checkbox"/> Baked goods that contain eggs</p> <p>WHEAT/ GLUTEN</p> <p><input type="checkbox"/> Recipes with any gluten containing grain</p> <p>FISH OR SHELLFISH</p> <p><input type="checkbox"/> Fish <input type="checkbox"/> Shellfish</p>	<p><input type="checkbox"/> Whole corn (taco shells, tortilla chips)</p> <p><input type="checkbox"/> Recipes w/corn products such as modified corn starch, corn syrup, etc.</p> <p>SOY</p> <p><input type="checkbox"/> Soy protein (concentrate, hydrolyzed, isolate)</p> <p><input type="checkbox"/> Recipes w/any soy listed as ingredient</p> <p>OTHER - please specify: _____</p>
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<p><u> X </u> _____ Medical Authority Signature</p> <p>_____ Medical Authority Printed Name/Date</p>	<p>Medical Office Stamp (Please include phone number)</p>
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Allergen information can be found at: <https://www.brevardschools.org/Page/3472>