

**Bryan ISD School Nutrition Services  
Dietary Special Request Form 2013-2014**

(979) 209-7052  
(979) 209-7060 FAX

**To Be Completed By Parent or Guardian**

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ School: \_\_\_\_\_

I understand that it is my responsibility to renew this form anytime my child's medical or health needs change. As parent or guardian, I give permission for Bryan ISD to contact the Physician's office regarding my child's dietary needs.

- My child will NOT be eating school prepared meals  My child WILL be eating school prepared meals

\_\_\_\_\_  
Parent/Guardian's Printed Name

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Telephone Number

**To Be Completed By Physician's Office**

**The U.S. Department of Agriculture School Meals Program requires that ALL QUESTIONS BE ANSWERED (FRONT & BACK of form) in order for ANY diet modification or substitutions to be made in school meals.**

**IS THIS A LIFE THREATENING FOOD ALLERGY:**  YES  NO

**Check all foods that must be omitted:**

- Milk  Dairy  Peanut /Tree Nut  Fish/Seafood  Soy  Egg  Wheat  Other: \_\_\_\_\_

**Can the student consume foods where the allergen is an ingredient in the food?**  YES  NO  
(Ex: Scrambled eggs are omitted, but eggs as an ingredient in food are allowed?)

Explain (if needed): \_\_\_\_\_

**Food Substitutions – Complete Bryan ISD Standard Food Substitution Sections on the back of this form**  
(Note: Bryan ISD is not able to make substitutions, unless the Standard Food Substitution Form is completed.)

**Diagnosis and/or Disability** - please list student's diagnosis or disability and how the disability restricts diet.  
\_\_\_\_\_

**Major Life activities affected by the life threatening food allergy or disability (check all that apply):**  
(NOTE: Bryan ISD cannot honor this document unless at least one life activity is marked.)

- Breathing  Eating  Caring for one's self  Performing manual tasks  Walking  
 Hearing  Speaking  Learning  Seeing  Other: \_\_\_\_\_

**Please provide additional comments or information as related to diet and / or feeding techniques:**  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physician's Printed Name

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinic/Facility Name

\_\_\_\_\_  
Telephone

Bryan ISD is not responsible for and cannot guarantee the accuracy or any child's diet. Products stocked by Bryan ISD can change due to supplier changes or substitutions or manufacturer's formulation changes. The information contained on the School Nutrition Services website is not intended as a substitute for advice from your physician or other healthcare professional. Cafeteria managers and staff are not trained in dietary modifications. Parents are welcome to look at any ingredient label or recipe.

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 USDA, Director, Office of Adjudication, and 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider.

# Bryan ISD School Nutrition Services Standard Food Substitution Form 2013-2014

(979) 209-7052  
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## To Be Completed By Physician's Office

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ School: \_\_\_\_\_

Physicians, please check the box next to the appropriate category heading. By signing below, the standard food substitutions are accepted unless the "No Substitution Needed" box is checked.

**No Substitution Needed**

**Peanut/ Tree Nuts**

**Common School Food Item:**

Granola Bars  
Packaged Snacks, graham crackers, ice cream and cookies may be processed in a facility that contains peanuts or tree nuts

**School Substitution Could Include:**

Fresh Fruit  
Juice Bar

**Milk Allergy/ Intolerance**

**Common School Food Item:**

Milk

**School Substitution Could Include:**

100% Fruit Juice or Water

**Dairy or Casein**

**Common School Food Item:**

Pizza Products  
Mashed potatoes  
Most Mexican entrees  
Most school prepared breads

**School Substitution Could Include:**

Deli Sandwich without cheese  
Hamburger on Bun

**Fish/ Shellfish**

**Common School Food Item:**

Fish nuggets/sticks or Fish Sandwich  
Popcorn Shrimp  
Tuna Salad

**School Substitution Could Include:**

Hamburger on Bun  
Cheese Sandwich

**Wheat/ Gluten**

**Common School Food Item:**

Casserole items  
All bread/buns & pizza crust  
Breakfast Cereal  
Gravies/ Sauces

**School Substitution Could Include:**

Rice or Rice Pasta  
Corn tortilla/taco shell  
Oat or Rice Cereal  
Sandwich on Gluten free bread

**Soy**

**Common School Food Item:**

Purchased entrees (pizza, hamburger, chicken nuggets)  
Salad dressings/sauces  
Most packaged snacks

**School Substitution Could Include:**

Baked Chicken  
Yogurt, String Cheese  
Deli meat and sliced cheese

**Eggs**

**Common School Food Item:**

Eggs/Breakfast taco or sandwich  
Mayo/Salad Dressing  
Waffles, pancakes, French toast sticks  
Breaded meat products

**School Substitution Could Include:**

Hamburger/Hot dog on Bun  
Mayo/Salad Dressing  
Cereal and toast  
Baked Chicken

Other Food Items to be omitted: \_\_\_\_\_

\_\_\_\_\_  
Physician's Printed Name

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinic/Facility Name

\_\_\_\_\_  
Telephone

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