



**PART A Parent / Guardian: Complete Items 1 - 15** (Padre/madre/tutor: complete la información en los espacios 1 al 15)

1) Student ID# (Numero de estudiante)   
 2) Student's Last Name (Apellido)   
 3) Student's First Name (Nombre del estudiante)   
 4) Date of Birth (Fecha de nacimiento)

5) School (Escuela)   
 6) Grade (Grado)   
 7) Meals Eaten at School (Los alimentos que su niño(a)  
 Breakfast (Desayuno) consumirá en la escuela)  
 Lunch (Almuerzo)  Snack (Meriendao)  None (Nada)

Parent/Guardian Name & Contact Information (Nombre & Información del contacto)

8) Name (Nombre)   
 9) Phone Number (Teléfono)   
 10) Mailing Address, City, State, Zip (Dirección posta, ciudad, estado, código postal)

11) E-mail Address (We will use this to send acknowledgement and details of your child's menú plan. PRINT NEATLY)  
 Dirección electrónica (será usada para acuso de recibo y detalles sobre el menú de su niño. IMPRIMA)

12) Parent Requests that are not due to a medical disability. Please Note: Nutrition Services may attempt to accommodate cultural/personal preferences but are not required by law to do so. These accommodations depend on product availability on the daily serving line.  Vegan  Vegetarian  No Pork  No Beef  Other

13) Does the student have an identified disability (IEP or 504 Plan)? ¿Ha sido el estudiante identificado con una discapacidad (PEI o Plan 504)?  IEP  504  No

14) I consent to the exchange of information between the Healthcare Provider and district/school personnel, as needed.  
 (Doy mi consentimiento para que la información sea intercambiada entre el médico y la escuela, según sea necesario)

Parent / Guardian Signature (required for processing)  
 (Firma del padre/madre/tutor - requerido para ser procesado)   Date (Fecha)

15) Parent/Guardian: It is REQUIRED that this completed form is returned to JCPS Nutrition Services. All further changes to the child's diet must be made by a State licensed healthcare professional on a new form with the exception of cultural/personal preferences.  
 Parents please note: In order for medications to be administered, parent must complete an "Authorization for Medication" form for each medication needed at school.  
 (Padre/madre/tutor: Se REQUIERE que se devuelva la forma debidamente completada al gerente de la cafetería. Cualquier cambio en la dieta del estudiante debe ser hecho por un médico en una nueva forma, a excepción de la intolerancia a lactosa o preferencias culturales.  
 Nota a los Padres: Un formulario de autorización de receta debe estar archivado en la escuela para que los medicamentos puedan ser administrados en la escuela.)  
 \*Information regarding major allergens and nutrient/carbohydrate information are available for review at <http://jcps.nutrislice.com>  
 (Ver información sobre alérgenos y nutrientes/carbohidratos en <http://jcps.nutrislice.com>)

**PART B COMPLETED BY HEALTHCARE PROVIDER (MD, APRN, PA, OD) ONLY: Complete Items 16 - 21**  
 (16 al 21 - Esta sección para ser completada por el médico solamente.)

16) Does the student have a disability, medical condition, or severe food allergy warranting a special diet?  Yes  No  
 If "YES", specify disability below. If "no", a special diet is not warranted. A disability is defined as a physical or mental impairment which substantially limits one or more major life activities.

Disability (specify) \_\_\_\_\_  
 Describe major life activities affected  Eating  Learning  Digestion  Other (specify) \_\_\_\_\_

Student Diagnosis or Condition:  
 Lactose Intolerance: Available options to substitute are:  Lactose Free Milk  Soy Milk Mark if the student can eat:  Cheese  Yogurt  
**For the following diagnosis, section 17 below must be completed to identify which foods must be omitted due to the identified condition:**  
 Food Intolerance  Food Allergy  Life Threatening Food Allergy

17) Please check all food(s) to omit from the child's meals while at school due to the above noted disability:  
**DAIRY** Anaphylactic  Yes  No  
 All food/beverages with milk listed as an ingredient including baked goods  
 Cheese and recipes with cheese listed as an ingredient  
 Yogurt  
 Fluid Milk. Substitute with  Lactose-free milk  soy milk  water  
**EGG** Anaphylactic  Yes  No  
 Whole eggs such as scrambled eggs or hard cooked eggs  
 All food items with egg listed as an ingredient including baked goods  
**WHEAT / GLUTEN** Anaphylactic  Yes  No  
 Recipes with wheat listed as an ingredient  
 Recipes with Gluten (wheat, barley, rye, triticale) listed as an ingredient  
**PEANUTS OR TREE NUTS** Anaphylactic  Yes  No  
 Peanuts  Tree Nuts  
**CORN** Anaphylactic  Yes  No  
 Whole corn such as corn kernels, tortilla chips, corn muffin  
 Recipes with corn listed as an ingredient (corn syrup, corn starch, etc.)  
**SOY** Anaphylactic  Yes  No  
 Recipes with any soy listed as an ingredient  
**FISH OR SHELLFISH** Anaphylactic  Yes  No  
 Fish  Shellfish  
**OTHER** Anaphylactic  Yes  No  
 Other, specify if it is a cooked ingredient or when consumed fresh

18) Name of Epinephrine device at school: \_\_\_\_\_  None May student carry own Epinephrine device and use on their own?  Yes  No

19) Food Texture Modifications: Is student allowed to have any food/drink by mouth?  Yes  No  
 Food Texture Modifications that are required due to the noted disability in section #16:  Regular  Pureed  Minced & Moist (Ground)  Soft & Bite-sized (Chopped)  
 Thickened liquids:  Thin (regular liquids)  Slightly thick  Mildly thick (Nectar)  Moderately thick (Honey)  Extremely thick ( pudding)

20) Other Nutrition Requirements due to documented disability in Section #16: Please specify: \_\_\_\_\_

21) Healthcare Provider Information **Form will be returned to parent / guardian and NO accommodations will be made if this section is not filled in its entirety.**  
 Healthcare Provider Signature   Date   
 Healthcare Provider Printed Name   
 Medical Office Stamp (required for processing)