GRAHAM INDEPENDENT SCHOOL DISTRICT
Food Service Department

2014-2015 SPECIAL DIET REQUEST FORM

This form must be filled out completely BEFORE any dietary modifications can be made.

_____*New* Dietary Request **_____*Change/Modify* an Existing Special Diet**

_____*Renew* Existing Special Diet **_____*Temporary* Diet Order (Start Date_____ End Date_____)**

Part A To be filled out by parent/guardian		
Student Name		**DOB**
Name of School	**Student Grade**	**Student ID#**
Part B To be filled out by Medical Authority		
Diagnosis or other special dietary condition which restricts diet:		
Does the child have a disability? If yes, describe the major life activities affected by the disability and why the disability restricts the child's diet	**Yes**	**No**
Does the child have special nutritional or feeding needs? If yes, complete information below:	**Yes**	**No**

(Indicate specific information below)

_____Foods to omit: *(ex: omit peanuts, peanut butter, anything with peanut oil, etc)*

_____Foods to substitute: *(ex: substitute cheese for peanut butter, etc)*

_____Texture Modification required

Liquids:_____Thin
_____Nectar
_____Honey
_____Pudding

Solids:_____Mechanical Soft-Chopped
_____Mechanical Soft-Ground
_____Pureed
_____Other

List any special feeding equipment or utensils that are needed.

I understand it is my responsibility to renew this form before each school year and anytime my child's medical needs change.

Parent Signature	**Parent's Telephone Number**	**Date**
Physician Signature:	**Physician's Telephone Number:**	**Date:**

Fax Completed Form to the number below:
GRAHAM ISD Food Service Department **Fax: 940-521-0617**
400 THIRD ST. GRAHAM TX 76450 **Telephone: 940-549-4011**

_____For Food Service Use Only_____

Date Received at FS Office_____ **Date Menu Sent to Food Service Mgr_____**

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 Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

GRAHAM INDEPENDENT SCHOOL DISTRICT