



**SINTON INDEPENDENT SCHOOL DISTRICT**  
**P.O. Box 1337 • 322 South Archer Street**  
**Sinton, Texas 78387**

Phone: (361)364-6816

**Department of Food Services**

*Advocacy + Access  
+ Partnership = Opportunity*

Sinton ISD Food Service Procedures for Diet Modifications

- The parent/legal guardian is responsible for providing the required documentation for special diet request. The parent/legal guardian notifies the school nurse or food service manager of a diet modification request. The parent/legal guardian is provided the “Request for Special Diet/Meals and/or Accommodations” form. The form is to be returned to the school nurse or food service manager.
- When the “Request for Special Diet/Meals and or Accommodations” form is received, the form is reviewed for accuracy and completion.
- If there is missing information, the form is sent to the school nurse to follow up with the parent/legal guardian.
- If the form is returned a third time with missing information, the form is filed as incomplete and no meal modification will take place.
- Milk Substitution Progression.
  - If an alternative fluid milk is requested and the form has been properly completed for milk substitution, soy milk will be provided.
  - If there is a documented milk and soy allergy, almond milk will be provided.
    - Almond milk will be sent with cups and lids as it is not available in individual portions.
    - If there is a documented milk, soy and nut allergy, rice milk will be provided.
      - Rice milk will be sent with cups and lids as it is not available in individual portions.
  - If for some reason a child has further allergies we would consider other milk options.

Notes...

- A school is not required to provide a name brand product if another product with the same specification is available.
- If the licensed medical authority does not provide a medical statement that includes the information listed above, the school cannot make a meal accommodation.
- Any changes to the medical statement must be provided in writing before the school implements the changes.
- Please see the back of this document for more information about Sinton ISD’s meal accommodation process.

This institution is an equal opportunity provider.



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**REQUEST FOR SPECIAL DIET/MEALS and/or ACCOMMODATIONS**  
(To Provide Information for a School to Make an Appropriate Meal Accommodation)

This form may be (1) used by a licensed medical authority to provide a medical statement for a student's medical disability or a special dietary need that warrants a meal accommodation or (2) used to assist a licensed medical authority in creating the medical statement necessary for a meal accommodation. If this form is used as a medical statement, the form must be completed by the medical authority and signed by both the parent and the medical authority. The reverse side of this form provides additional information on the regulations related to school meal accommodations.

**I. Provide the following information about the student.**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student Birthdate: \_\_\_\_\_ Student's Grade Level: \_\_\_\_\_

Does the student have a medical disability which affects one of the major life functions which necessitates a meal accommodation?  Yes  No

Does the student have a special dietary need that will be helped by a meal accommodation?  Yes  No

**II. How does this medical disability or special dietary need impact the student's diet?**  
\_\_\_\_\_

**III. What meal accommodation(s) are appropriate to address the student's medical disability or special dietary needs? Please check the box before applicable meal accommodations and provide a detailed explanation for each checked accommodation in the box beside the description.**

Food items or ingredients not to be served  
\_\_\_\_\_

Suggested substitutions for food items not served  
\_\_\_\_\_

Specific information on portion sizes for food items  
\_\_\_\_\_

Specific description of texture modifications for specific food types or items  
\_\_\_\_\_

Special utensils  
\_\_\_\_\_

Other  
\_\_\_\_\_

**IV. Provide the following signatures.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Medical Authority Signature \_\_\_\_\_

Physician/Clinic Name: \_\_\_\_\_

Clinic Phone Number: \_\_\_\_\_

Parent statement/signature: \_\_\_\_\_ I authorize a Sinton ISD Food Service Representative or Sinton ISD School Nurse to contact the named physician for further clarification regarding my child's diet accommodation needs.