



## Child Nutrition Special Diet Form

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ My child **WILL** be eating school prepared meals.

**If you choose this option, please complete this form. If you do not choose this option, please DO NOT complete this form.**

\_\_\_\_\_ My child has an allergy that requires special diet accommodations.

Please note that a medical authority (a person licensed by the state of Texas to write medical prescriptions) is **required to complete the medical statement below if the accommodation requires a meal pattern change.**

**Remember for a life-threatening allergy, meals from home provide the safest option.**

\_\_\_\_\_ I'd like my child to have the following dietary accommodations based on religious, cultural, or personal reasons: \_\_\_\_\_.

RISD is not legally required to accommodate dietary restrictions that are based on religious, cultural, or personal references. However, RISD will use its best efforts to honor reasonable requests and are considered on a case-by-case basis. RISD reserves the right to refuse requests for non-medical dietary accommodations. **This type of request does not require medical authority.**

Parent/Guardian Name (Printed): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian Phone #: \_\_\_\_\_ Parent / Guardian Email: \_\_\_\_\_

***\*To Be Completed By A Physician or Appropriate  
Medical Authority \****

Identify the student's disability:

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Please check all allergens that apply:

Liquid Milk (other forms of milk such as yogurt and cheese are okay.)

Liquid Milk, Yogurt, and cheese (dairy as an ingredient such as bakery/pastry items are okay)

Dairy products in ALL foods including liquid milk, dairy, yogurt, cheese, and as an ingredient in other foods.

Eggs

Shellfish

Wheat / Gluten

Fish

Tree Nuts

Other: \_\_\_\_\_

Peanuts

Soy

Please identify why the disability restricts the student's diet and the major life activity affected by the disability; and the meal accommodation the school is to implement. Accommodations include, but are not limited to, food items or ingredients to be omitted, special dietary supplements, food items ingredients to be substituted, and/or other accommodations.

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Printed Physician Name (Printed): \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at 202-720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at 800-877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, [USDA Program Discrimination Complaint Form which can be obtained here online](#), from any USDA office, by calling 866-632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. **fax:**  
833-256-1665 or 202-690-7442; or
3. **email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.