

Food & Nutrition
Transition

Dear Parent/Guardian,

Please complete the attached Food & Nutritional Services Request for Special Nutritional and Medical Needs Form if your child has a special nutritional or medical need that affects their diet. The form contains two parts; Part A - is to be completed by the parent for lactose intolerance, religious or other food preferences. Part B - must be completed by child's physician if your child has a food allergy or other medical condition requiring dietary modification. Once the form is completed and signed, please return it to school cafeteria manager and school nurse. All request forms will be evaluated by the district dietitian to ensure that meal modifications are medically appropriate and comply with nutritional standards.

District dietitians are here to help your child join the millions of children with food allergies who attend school and eat safely every day. With your child's safety in mind, we have created the Allergen-Free Diet (attached) to be temporarily provided to children with food allergies during the first week or so following provision of medical documentation of a food allergy. This allows the dietitian time to work hand-in-hand with you and your child's physician to create an individualized list of acceptable menu offerings specific to your child's needs. Our goal is to provide a safe and smooth transition to your child eating meals at school. If additional changes to your child's diet needs to occur during the school year, this information needs to be communicated in writing to your school cafeteria manager and school nurse.

For your convenience, lists of menu items, identifying allergens (milk, soy, nuts, etc.), carbohydrates, as well as other information (contains pork, vegetarian foods, etc.), can be found on the Brevard Public Schools website at: <https://www.brevardschools.org/Page/3472>. Please use this information to help assist you in determining which foods and beverages are nutritionally and medically acceptable. This information is updated regularly as new items and ingredients may change throughout the school year.

If you have any questions or concerns, please feel free to contact me either via email at Conlin.Laurie@brevardschools.org or by phone at 321-633-1000 ext.695.

Sincerely,

Laurie Conlin, RD, MD

District Food & Nutrition Manager

FOOD and NUTRITION SERVICES REQUEST FORM
For Special Nutritional and Medical Needs

INSTRUCTIONS FOR COMPLETING FORM: PART A: Parent to complete for child with Lactose Intolerance, Religious or other Food Preferences. **PART B:** Physician must complete if requesting Special Dietary Modification due to Food Allergies or a Medical Condition. Once form is completed and signed, return to School Cafeteria Manager.

PART A - Parent/Guardian: Complete Items 1 - 7 School Year: _____

1. School Name	
2. School Telephone Number	
3. Student Name	
4. Student Date of Birth	
5. Parent/Guardian Name and Email Address	
6. Telephone Number	

7. Parent Request

_____ Lactose Intolerance - Check if child can eat _____ Cheese _____ Yogurt

_____ Religious/Personal Preferences - List foods to be avoided _____

_____ Medical Condition (PHYSICIAN NEEDS TO COMPLETE PART B)

Meals Eaten at School: _____ Breakfast _____ Lunch _____ Snack _____ None

Parent/Guardian Signature: **X** _____ Date: _____

(I consent to the exchange of information between physician and school; check if you do not consent _____)

PART B - TO BE COMPLETED BY PHYSICIAN IF DIETARY MODIFICATIONS ARE REQUESTED (Items 8 - 10)

8. Special Diet Request due to _____ Food Allergies _____ Medical Condition (please specify) _____

9. Please check all the foods that need to be **ELIMINATED** from child's diet during the school day:

- | | |
|---|--|
| <p>DAIRY</p> <p>_____ Fluid Milk _____ Substitute w/Soy milk</p> <p>_____ Cheese _____ Cheese cooked in a meal (Baked Ziti)</p> <p>_____ Yogurt _____ Ice Cream</p> <p>_____ Baked Goods that contain dairy (rolls)</p> <p>EGG</p> <p>_____ Whole eggs</p> <p>_____ Baked Goods that contain eggs</p> <p>WHEAT/ GLUTEN</p> <p>_____ Recipes with any gluten containing grain</p> <p>FISH OR SHELLFISH</p> <p>_____ Fish _____ Shellfish</p> | <p>PEANUTS OR TREE NUTS</p> <p>_____ Peanuts</p> <p>_____ Tree Nuts</p> <p>CORN</p> <p>_____ Whole corn (taco shells, tortilla chips)</p> <p>_____ Recipes w/corn products such as modified corn starch, corn syrup, etc.</p> <p>SOY</p> <p>_____ Soy Lecithin</p> <p>_____ Soy Protein (concentrate, hydrolyzed, isolate)</p> <p>_____ Recipes w/any soy listed as ingredient</p> <p>OTHER - please specify: _____</p> |
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10. LICENSED PHYSICIAN'S INFORMATION

<p>_____ Medical Authority Signature</p> <p>_____ Medical Authority Printed Name/Date</p>	<p align="center">X</p> <p>Medical Office Stamp (Including Phone Number)</p>
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