

List Others

IDEA PUBLIC SCHOOLS CHILD NUTRITION PROGRAM

SPECIAL DIET REQUEST FORM DATE:

Does the childhave an identified disability and/or life-threatening food allergy **CHECKelow**

SCHOOL YEAR: _

E Int child and I will be responsible for self-morning his/her food allergyrontolerance. Ž K v pucho o Ws. (Desident has a Non-Life-Threating Food Allergy or Food Intolerance

z muchild is evaluated by IDEA asing one or more of the recognized 13 disability categories and who, by reason, the exides pecial education and related services. *Complete Par * Studgent has a disability and/or Life-Tattening Food Allergy. Please indicate if allergy is airborne X

K E > BY THE U.S. LICENSED PHYSICIAN THAT TREAT $\langle DW \rangle d$

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	SECTION A: THIS SECTION TO BE COMPLETE BY PARENT/LEGAL GUARDIAN																				
* Student Last Name: zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzz																					
ŽDate of	irth: _	/	/	_	Sch	ool:						_	Grade	e:_ z z	zzz	Stude	ent ID:	zzzz	zzzz	zzz	
Parent/G	ardiar	n Nam	e <u>:</u>				ŽPhone Number:								_						
ŽParent	t Guard	lia li ma	il Add	ress zzz z	zzzzz	zzzzz	zzzzz	. z z z z z z z	zz	zzzz	zzzz	zzzz	zzz	z Detezo	<u>£</u> <u>2</u> 221 <u>1</u> 1€	&	Z Z Z Z Z	ZZZZ	zzzz	zzzz	zzzz
PART I: Norife-Threatening Food Allergy or Intolerance (Check all that Apply)																					
Wh	nole Eg	ıg			an /ngred as a ingre		pancake	ed)													
Pe	anuts			Tree Nu (Walnuts																	
	d Milk	Κνο		•	Products eese, yog			ilk as an gredient													
	same eds			Soy Milk	KvoÇ	;	So	by Products													
Fi	ish			Shellfish	1		W	heat / Gluten													