

McKinney ISD Child Nutrition
DIETARY ACCOMMODATION REQUEST

*Please note that this request form must be filled out in its entirety to be processed.
 Any questions can be directed to our registered dietitian at 469-302-6367 or FAX 469-302-6310.*

Menu accommodations will not be made for personal or religious preferences.

PART 1: TO BE COMPLETED BY PARENT/GUARDIAN

Name of School:	Grade Level:	Student ID #
<i>Student Info (printed)</i>		
Last Name:	First Name :	Date of Birth:
<i>Parent/Guardian Info (printed)</i>		
Name:	Relationship to Student:	
Email:	Daytime Phone #:	
Mailing Address:	City:	Zip Code:
I give McKinney ISD Child Nutrition Program permission to speak with the below named physician or recognized medical authority to discuss the dietary needs described below. I understand it is my responsibility to renew this form should my child's nutritional needs change.		
Parent Signature: _____		Date: _____

PART 2: MUST BE COMPLETED BY STUDENT'S TREATING PHYSICIAN (PLEASE PRINT)

The Child Nutrition Department will work with students and their families to provide information on menu selections, nutrition and ingredient information, but does not make menu accommodations for personal or religious preferences or other dietary needs that do not qualify as a medical disability.

Does the student have a medical disability which affects one of the major life functions which necessitates a meal accommodation? An individual with a disability under Section 504 of the Rehabilitation Act (1973) and the Americans with Disabilities Act (ADA) is a person who has physical or mental impairment that substantially limits one or more major life activities.

YES **NO**

Major life activity affected by the disability (check all that apply):

- Breathing Walking Speaking Performing manual tasks Learning Eating
 Major bodily function (immune system, digestive, bowel, bladder, respiratory, skin integrity, etc.)
 Please describe: _____

Texture Modification (if any required): Soft Mechanical Chopped Blended Pureed
 Liquid: Clear Thickened Other Modification: _____

Allergy/Intolerance (check all foods that apply) *Our cafeterias do not serve items with peanut, treenut, or shellfish ingredients listed.**

- Nuts Eggs Milk Fish Soy Wheat Corn
 Other _____

Can the student consume foods where the allergen is an ingredient in a product? Yes No
 (i.e. Can consume eggs in baked goods, but not scrambled eggs or can consume soy oil but not whole soy beans or TVP)

If yes, explain: _____

PART 2 cont'd: MUST BE COMPLETED BY STUDENT'S TREATING PHYSICIAN (PLEASE PRINT)

Foods to omit from diet: _____

Safe food substitutes:** _____

Medical Authority Name: _____

Medical Authority Signature: _____

Please note that this form must be signed by a medical authority licensed to write prescriptions by the State of Texas.

Medical Authority Credentials:

Date:

Phone Number:

MD DO PA NP

For Office Use Only:

Recommended to 504

504 In Place *Implementation Date:* _____

*Aramark relies on our vendors' allergy warnings and ingredient listings. Because we operate a commercial kitchen where ingredient substitutions, recipe revisions and cross-contact with allergens is possible, Aramark cannot guarantee that any food item will be completely free of allergens.

**The Child Nutrition Department will attempt to accommodate the substitutions as requested but reserves the right to modify the menu based on product availability.

Menus, ingredients, and nutrition information may be viewed online at **mckinney.schooldish.com**.

Ingredient information is available upon request in any cafeteria or by contacting our registered dietitian at 469-302-6367.

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