



# Ingleside ISD

## Food Service Department

2807 Mustang Drive  
Ingleside, Texas 78362  
(361) 776-7451      [www.inglesideisd.org](http://www.inglesideisd.org)

### Food Allergies and Other Food Related Issues

Ingleside ISD Food Service Department participates in the United States Department of Agriculture's School Lunch and Breakfast Programs. The department follows the guidelines for Accommodating Children with Special Dietary Needs per the USDA Administrative Reference Manual.

Menu Changes may be provided for either:

- (1) Students who have a disability covered by the Americans' with Disability Act (ADA) that requires an Individual Education Plan or a 504 plan and also have a special dietary need.
- (2) Students who do not have a disability covered by the Americans' with Disability Act (ADA), but who have a disease that is life threatening or a food allergy that requires immediate medical attention such as an Epi-Pen to treat anaphylactic shock.

The first step is to have a licensed physician complete and sign the "Request for Special Diet" form available at the campus nurse's office or on the IISD Food Service Website. The completed form needs to be returned to your student's campus nurse. The form will be reviewed by the Health Services Department, Food Services Department and the campus administration. After the form has been reviewed, the parent/guardian will be contacted if the special diet request meets the requirements.

**All Other Food Allergies** – Parents may send a personal note or a physician's note to their student's campus nurse explaining the allergy. These allergies will be documented on the student's lunch account once they are received by the IISD Child Nutrition Office. No diet modification will be made unless the student meets one of the USDA criteria above.

# Special Diet Request Form

## Ingleside ISD - Food Service Department

**Instructions to Complete this Form**

1. Parent or Guardian to complete Section A.
2. Student's Physician to complete Section B. (Make sure to have Physician sign this form)
3. Parent or Guardian will return completed and signed form to the IISD Food Service Office for evaluation.  
IISD Food Service Office (Located at the Ingleside High School) 2807 Mustang Dr., Ingleside, Texas, 78362
4. Parent or Guardian will be notified after this request is evaluated.
5. **THIS FORM MUST BE SUBMITTED ANNUALLY!**

**Section A (To be completed by Parent/Guardian)**

Student's Name	Age	Date of Birth
School	Grade	Homeroom
Parent's Name		Phone Number
Parent's Signature		Date

**Section B (To be completed by Physician)**

Does this student have a Disability recognized by the American's with Disability Act (ADA)? If Yes, Please identify the disability and describe the major life activities affected by the disability.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If the student does <b>NOT</b> have a disability, does the child have a food allergy or intolerance that results in an anaphylactic reaction when exposed to the food(s) to which they have a problem.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will the student be supplied with an EpiPen for allergic reactions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If an anaphylactic reaction occurs, please detail anaphylactic protocol to follow.		
Please check the following foods that affect the student: ___ Dairy ___ Eggs ___ Gluten ___ Wheat ___ Nuts ___ Tree Nuts ___ Soy ___ Fish ___ Shellfish  Other Foods Not Listed: _____  Any additional information:		

# Special Diet Request Form

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Diet prescription and/or accommodation. (Please describe in detail to ensure proper implementation)

Please indicate foods to be omitted and substitutions.

Foods to be Omitted:

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Suggested Substitutions:

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Please list the foods requiring Texture Modification:

Chopped: \_\_\_\_\_

Finely Ground: \_\_\_\_\_

Pureed or Blended: \_\_\_\_\_

Physician's Name (Printed) \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_