



PHARR-SAN JUAN-ALAMO ISD
Child Nutrition Program

Corina Gonzalez, Director of Child Nutrition Program

SPECIAL DIET FORM 2022-2023

- Form options: New Dietary Request, Change Current Dietary Request, Discontinue Dietary Request, Temporary Diet Order (start/end)

Form fields for Date, School, First Name, Student ID#, Last Name, Date of birth, Street Address, Phone Number, City, State, Zip Code, Parent/Guardian, Phone Number.

To Be Completed by Licensed Physician/Medical Authority

Diagnosis field and a question: 'Does this child have a disability requiring diet modification?' with 'Yes' and 'No' options. Includes a list of affected functions like Eating, Caring for Self, Walking, etc.

Diet Order (Indicate specific restrictions per meal in space provided)

- Diet Order options: Diabetic (Breakfast CHO, Lunch CHO, Snack CHO), Cardiac (Fat, NA), Renal (K, NA, Phos), Weight Maintenance (Fat, Kcal), Sodium Restriction (NA), Fat Restriction (Fat), PKU (Protein), Other (List), Formula/Supply (House Formula is Pediasure Yes/No, If no, specify reason)

Food Allergy/intolerance

- Food Allergy/intolerance options: Lactose Free, Peanuts, Corn, Soy, Eggs, Wheat, Milk, Fish, other:
*Is the allergy life-threatening or severe? Yes/No
*Are foods containing allergens as ingredients allowed? Yes/No (For example: can consume milk in breads, but not fluid milk)

- Physical Disability, Activities of Daily Living Affected, Texture Modification required (if applicable, specify below)

Liquids

- Liquids options: Thickened (Nectar), Thickened (Honey), Thickened (Puuding)

Solids

- Solids options: Mechanical Soft Chopped, Mechanical Soft Ground, Pureed

Provide additional information as related to diet (may attach additional documents or notes if more space is needed):

Prescribing Physician or Medical Authority Name

Prescribing Physician or Medical Authority Signature

Medical Authority Credential

- Medical Authority Credential options: MD, DO, RD, PA, NP

Telephone

Fax

I understand it is my responsibility to renew this form before each school year and anytime my child's medical or health needs change.

Parent/Guardian Name

Parent/Guardian Signature

Parent/Guardian Email

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800 S. Stewart Road, San Juan, TX. 78589 P: (956) 784-8545 F: (956) 354-3044 www.psjaisd.us
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