

McKinney Independent School District
School Health Services

Reported Food Allergies-Letter to Parent

The campus nurse noted that you recorded a history of a food product allergy of _____ on your child's annual Health History Form. The Child Nutrition Department is required by the United States Department of Agriculture (USDA) to provide appropriate menu substitutions to students with life-threatening allergies (those that can cause anaphylactic reactions), or for students with disabilities that restrict their diet.

If this allergy is life-threatening, or if your child has a disability that restricts their diet, please supply your school cafeteria manager with the annual dietary request and standard food substitutions forms or a letter from your child's doctor (or Physician's Assistant, or Advanced Practice Nurse) with the following:

- Child's Name and Date of Birth
- Student's Disability or Specific Food Allergy
- An explanation of why the disability restricts the student's diet and major life activity affected
- A list of foods that your child cannot have, as well as a list of foods that may be substituted

The Cafeteria Manager at your school is: _____

If your child's food allergy is NOT life-threatening, or if there are religious preferences, the Child Nutrition Department is not required to make menu substitutions. Food substitutions may be made at the discretion of the Child Nutrition Department for individual students who do not have a disability or life-threatening allergy, but who are medically certified as having a special medical or dietary need. If you have any questions or concerns, please feel free to contact the Child Nutrition Department's Community Dietitian:

Lauren Hickman RD/LD
469-302-2267

Thank you for your prompt attention to this matter!

Campus Nurse Signature

Phone number

McKinney ISD School Nutrition Services
Annual Dietary Special Request Form

Student Name _____ Student ID _____ Campus _____ School Year _____

The U.S. Department of Agriculture School Meals Program requires that ALL QUESTIONS BE ANSWERED in order for ANY diet modification or substitutions to be made in school meals.

To Be Completed By Parent or Guardian

I understand that it is my responsibility to renew this form before each school year and anytime my child's medical or health needs change. As the parent or guardian, I give permission for McKinney ISD to contact the physician's office regarding my child's dietary needs.

☐ My child will NOT be eating school prepared meals ☐ My child WILL be eating school prepared meals

If your child has a food allergy or special diet need but will NOT eat food from the McKinney ISD cafeteria, please check the appropriate box above, and sign this form. There is no need to complete the rest of the form, if the child will not be eating school prepared meals.

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____

Contact Number(s) _____

To Be Completed by Physician's Office

PART A- Students with Life Threatening Allergies only complete this part. If there is not a life threatening allergy, please skip to part B.

I certify that the child listed above posses the following life threatening allergy.

1. Life Threatening Allergy-Check all foods that must be omitted:

☐ Milk ☐ Dairy ☐ Peanut ☐ Tree Nut ☐ Fish ☐ Wheat ☐ Soy ☐ Egg ☐ Other _____

Please specify other life threatening allergies

2. Can the student consume foods where the allergen is an ingredient in the food product (for example: Scrambled eggs are omitted, but eggs an ingredient in pancakes are allowed?) ☐ Yes ☐ No

Explain:

3. Explanation of why this disability restricts diet:

4. Major Life activities affected by the life threatening allergy(check all that apply):

(Note: McKinney ISD cannot honor this document unless at least one life activity is marked.)

☐ Eating ☐ Caring for one's self ☐ Performing manual tasks ☐ Walking ☐ Hearing ☐ Speaking ☐ Breathing ☐ Learning ☐ Seeing

5. Foods to Substitute-Please complete McKinney ISD Standard Food Substitution Form. (Note: McKinney ISD is not able to make substitutions, unless the Standard Food Substitution Form is completed.)

Please provide additional comments or information as related to diet/ and or feeding techniques:

Printed Physician's name _____

Physician's Signature _____

Date _____

Clinic/Facility Name _____

Phone Number _____

Fax Number _____

McKinney ISD is not responsible for and cannot guarantee the accuracy of any child's diet. Products stocked by McKinney ISD can change due to supplier changes or substitutions or manufacturer's formulation changes. The information contained on the School Nutrition Services website is not intended as a substitute for advice from your physician or other medical professional. Cafeteria managers and staff are not trained in dietary modifications. Parents are welcome to look at any food ingredient label or recipe.

In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write the USDA, Director, Office of Civil Rights, 1400 Independence Ave., SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382(TTY). USDA is an equal opportunity provider and employer.

Annual Dietary Special Request Form

07.22.2012;rev.07.15.13;Rev. 03/09/2015

McKinney ISD School Nutrition Services
Annual Dietary Special Request Form

Student Name _____ Student ID _____ Campus _____ School Year _____

The U.S. Department of Agriculture School Meals Program requires that ALL QUESTIONS BE ANSWERED in order for ANY diet modification or substitutions to be made in school meals.

To Be Completed by Physician's Office

Part B- For Students with Disabilities

I certify that the child listed above posses the following disability:

1. List any disability requiring meal modification: _____
2. Explanation of why this disability restricts diet: _____
3. Major Life activities affected by the disability (check all that apply):
(Note: McKinney ISD cannot honor this document unless at least one life activity is marked.)
☐ Eating ☐ Caring for one's self ☐ Performing manual tasks ☐ Walking ☐ Hearing ☐ Speaking ☐ Breathing ☐ Learning ☐ Seeing
4. Foods to omit: _____
5. Foods to Substitute-Please complete McKinney ISD Standard Food Substitution Form. (Note: McKinney ISD is not able to make substitutions, unless the Standard Food Substitution Form is completed.)
6. Specific Diet Order, if applicable:

<input type="checkbox"/> Diabetic	Breakfast CHO _____g; Lunch CHO _____g; Snack CHO _____g
<input type="checkbox"/> Cardiac	Fat _____g; NA _____g
<input type="checkbox"/> Renal	K _____g; NA _____g; Phos _____mg
<input type="checkbox"/> Weight Management	Fat _____g; Kcal _____
<input type="checkbox"/> Sodium Restriction	NA _____g
<input type="checkbox"/> Fat Restriction	Fat _____g
<input type="checkbox"/> Other	List: _____

7. Texture Modification, if applicable:

- | | |
|---|--|
| <input type="checkbox"/> Thin | <input type="checkbox"/> Mechanical Soft Chopped |
| Liquids <input type="checkbox"/> Thickened (Nectar) | <input type="checkbox"/> Mechanical Soft Ground |
| <input type="checkbox"/> Thickened (Honey) | <input type="checkbox"/> Pureed |
| <input type="checkbox"/> Thickened (Pudding) | |
- Solids

Please provide additional comments or information as related to diet and/ or feeding techniques:

Printed Physician's name

Physician's Signature

Date

Clinic/Facility Name

Phone Number

Fax Number

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Annual Dietary Special Request Form

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McKinney ISD School Nutrition Services
Standard Food Substitution Form
Kindergarten – 12th Grade

*This form is to be completed by physicians for life threatening food allergies
and other issues such as food intolerances*

Remember, for a life threatening allergy, meals from home provide the safest option.

Physicians, please check the box next to the appropriate category heading. By signing below, the standard food substitutions are accepted unless the "No Substitution Needed" box is checked. * This form must be attached to a dietary special request form.

Student Name _____ Student ID _____ Campus _____ School Year _____

Licensed Physician (printed)

Licensed Physician (signature)

Date

☐ Check here if there is a life threatening allergy

☐ No Substitutions Needed

☐ Peanuts ☐ Tree Nuts

Common School Items:

- Peanut Butter crackers
- Cinnamon Pecan Swirls
- Granola Bars
- Packaged snacks, graham crackers,
- Ice cream, and cookies may be processed
- in a facility that contains peanuts or tree nuts

School Substitutions Could Include:

American Cheese and Crackers
Muffin
Fresh Fruit
Other _____

☐ Milk Allergy ☐ Milk Intolerance

- All students have the option to decline milk, no substitutions made

Dairy/Casein.....

Common School Items:

- Pizza products
- Deli sandwiches and wraps
- Macaroni and cheese
- Mashed potatoes
- Most school prepared breads
- Most Mexican entrees

School Substitutions Could Include:

Deli Sandwich without cheese
Hamburger on a bun
Soft/crispy taco without cheese
Breaded chicken sandwich
Other _____

☐ Fish

Common School Items:

- Fish nuggets/sticks
- Fish sandwich
- Catfish tenders
- Popcorn Shrimp
- Tuna salad

School Substitutions Could Include:

Hamburger on a bun
Hotdog on a bun
Cheese sandwich
Baked chicken
Other _____

McKinney ISD School Nutrition Services
Standard Food Substitution Form
Kindergarten – 12th Grade

Student Name _____ Student ID _____

☐ **Wheat/Gluten.....**

Common School Items:

- Casserole Entrée
- Pizza Crust
- All buns/breads
- Pasta items
- Breaded Entrée items
- Breakfast cereal and entrée
- Gravies/Sauces
- French fries/tator tots

School Substitutions Could Include:

Rice
Corn tortilla/taco shell
Oatmeal
Oat Cereal
Rice Cereals
Plain meat/cheese
Other _____

☐ **Soy (Most of our foods contain soy or soy oil).....**

Common School Items:

- Purchased Entrée's (pizza, Hamburger patties, chicken nuggets, Corn dog, pizza pockets)
- Salad dressings/sauces
- Most purchased snacks

School Substitutions Could Include:

Yogurt
String cheese
Deli meat and or cheese slices
Baked chicken
Other _____

☐ **Eggs.....**

Common School Items:

- Eggs
- Breaded entrée items
- Mayo/salad dressing
- Waffle/French toast
- Muffins
- Breads
- Chicken nugget/popcorn chicken

School Substitutions Could Include:

Hamburger on a bun
Hotdog on a bun
Cheese sandwich
Baked chicken
Other _____

☐ **Additional Foods to Omit.....**

☐ **Additional Foods to Substitute**.....**

****Some substitutions may not be available or allowed. Substitutions must be products commonly available in the school cafeteria.**

Non-Discrimination Statement. This explains what to do if you believe you have been treated unfairly. In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write the USDA, Director, and Office of Civil Rights, 1400 Independence Ave., SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.