# SCPS Student Special Dietary Needs Form 2023-2024

*Date received by RAD restaurant*_____

**Section 1: To be completed by Parent or Guardian**

| Student ID # | Student's Full Name | Date of Birth |
|---|---|---|
| Grade | School | |
| Parent/Guardian Name | | Telephone Number ( ) |
| Parent/Guardian Home Address | | |

Email Address (We will use this email to send acknowledgement and details of your request).

I consent to the exchange of information between the physician or medical authority* and school if needed.
Parent/Guardian Signature (required for processing)

**X** _____ **Date** _____

Which meals provided by Red Apple Dining will the student be eating? ☐ Breakfast ☐ Lunch ☐ Kidzone/KZone/ASSP Snacks

**Section 2: To be completed by Physician or Medical Authority Only***

Does the student have a medical condition requiring a special diet? ☐ Yes ☐ No
If "**Yes,**" please specify _____.

If the student's medical condition requires texture modification, please check one ☐ Pureed ☐ Ground ☐ Chopped
If "**No**," submission of a Student Special Dietary Needs Form is not necessary.

Student medical condition (Select one) Food Intolerance ☐ Food Allergy ☐
☐ Life Threatening Food Allergy (*Students with life threatening food allergies must have an emergency action plan in place at school*)
☐ Other (Specify_____)

**Please check all food(s) to omit from the child's diet during the school year:**

DAIRY (*Select all that apply*)
- ☐ Fluid milk (Soymilk available as a substitute)
- ☐ Cheese and recipes with cheese listed as an ingredient
- ☐ Ice Cream ☐ Yogurt
- ☐ Baked items such as crackers, chips & breads
- ☐ Foods with ANY dairy listed as an ingredient

EGG (*Select all that apply*)
- ☐ Whole eggs such as scrambled eggs or hard-boiled eggs
- ☐ Baked items such as breaded chicken and waffles
- ☐ Foods with ANY egg listed as an ingredient

WHEAT or GLUTEN (*Select all that apply*)
- ☐ Foods with ANY wheat listed as an ingredient
- ☐ Foods with ANY gluten listed as an ingredient

PEANUTS or TREE NUTS (*Select all that apply*)
- ☐ Peanut
- ☐ Tree Nuts (Specify _____) ☐ Coconut

FISH or SHELLFISH (*Select all that apply*)
- ☐ Fish ☐ Shellfish

SOY (*Select all that apply*)
- ☐ Soy protein (concentrate, hydrolyzed, isolate)
- ☐ Soy lecithin ☐ Soybean oil
- ☐ Foods with ANY soy listed as an ingredient

SESAME (*Select all that apply*)
- ☐ Sesame seeds
- ☐ Foods with ANY sesame listed as an ingredient

OTHER
- ☐ _____

Please list food substitutions for food(s) omitted if applicable.

Indicate any other accommodations needed for the child's eating or feeding patterns.

*I certify that this student has a medical condition (ex. disability or food allergy) that requires food substitutions or modification as indicated.*
Physician or Medical Authority* Signature

**X** _____ **Date** _____

Physician or Medical Authority* Printed Name: _____

Physician or Medical Authority* Office Address : _____ Telephone Number ( ) _____

*Medical Authority can include Advanced Registered Nurse Practitioners (ARNP) and Physician's Assistants (PA).
Questions can be directed to the Red Apple Dining Department • 400 East Lake Mary Blvd., Sanford, FL 32773 • Phone: 407.320.0226
**Completed forms can be returned to your Red Apple Dining Manager, emailed to dawsonkd@myscps.us or nguyenvt@myscps.us, or faxed to 407.320.0297.** This institution is an equal opportunity provider.

*Date form received by RAD DO* _____