

Knox County Schools

Requirements for Dietary Accommodations

Attached is the Special Dietary Accommodations form designed by Knox County Schools (KCS) Food & Nutrition Services to assist providers in making special dietary requests for children attending Knox County Schools. The form contains a concise way for the RD to receive information needed to approve, and send, related accommodations information to school cafeterias as quickly as possible. Please send the completed form to the school nurse, who will serve as a liaison between KCS and providers.

Request Requirements on Form

- ◆ Student name, school and school ID# & DOB (should be completed by school nurse)
- ◆ Whether the request is New, a Renewal with changes, or Renewal/No Change (check appropriate box)
- ◆ Whether or not family intends for the child to eat foods from the cafeteria (check appropriate box)
- ◆ How the condition impacts the child's bodily functions/body systems (check all appropriate boxes on form)
- ◆ Accommodations needed/Foods to be omitted or altered
(Check all that apply and list any restrictions not covered by the form under "Other")
- ◆ Foods to be substituted (check all appropriate boxes under checked food restriction, &/or list foods for subs under "Other Subs", and check box located just above Section C:
 "sub with foods free of checked allergens/restrictions"
(milk type, such as soy, lactose free, almond, etc. *must be listed or checked*)
- ◆ Printed name and signature of medical provider, along with credentials (check appropriate provider credentials on form)
- ◆ Parent signature, contact information, and date

See form that follows

ABOUT REQUEST: New Renewal/No Change Revised/with Changes **Family requests food from cafeteria:** Yes No

BODY SYSTEMS/FUNCTIONS IMPACTED (Check All That Apply): Bowel Digestive Endocrine Immune Respiratory Other _____

Section A. Food Allergy or Intolerance Life Threatening Food Allergy: Yes No

Check all boxes underneath each food restriction that apply

Milk/Dairy: ALLERGY INTOLERANCE

- No Fluid Dairy Milk No Yogurt No Cheese
- Offer foods free of all dairy products & derivatives even in baked goods
- Dairy baked in foods allowed
- Offer the following milk sub: Lactose Free Sub &/or Soy Milk Sub

Wheat: ALLERGY WHEAT INTOLERANCE

CELIAC DISEASE GLUTEN INTOLERANCE

Soy: ALLERGY INTOLERANCE (soy oil has been removed from the FDA Allergen labeling requirements due to the removal of protein during processing)

- Avoid lecithin Lecithin allowed
- Offer foods free of all soy & its derivatives (oil excluded)
- Soy baked in products OK
- Provide almond milk (available for persons with both soy and dairy allergy)

Peanut: Tree Nut: ALLERGY INTOLERANCE

Specify nut type/s, as appropriate _____

Omit foods "processed in a nut facility" per vchecked ingredients

(Fish: Shellfish: ALLERGY INTOLERANCE

Specify fish type/s, as appropriate _____

Egg Allergy: ALLERGY INTOLERANCE

- Offer foods free of all eggs or derivatives
- Eggs baked in foods allowed
- No Whole Eggs No Egg White

Corn: ALLERGY INTOLERANCE

- Corn Starch allowed Corn Syrup allowed Corn Oil allowed
- Offer foods free of corn & all its derivatives (oil excluded)

Other Restrictions (Please list)

Other Subs: *Note: Food and Nutrition Services will attempt to accommodate the substitution as requested but reserves the right to modify the menu based on product availability (ATTACH FOOD SUBS LIST, IF NEEDED) Complete as needed

Sub with foods free of vchecked allergens/restrictions

Please check here, if needed →

Section B. Texture Modification:

Year Round Temporary: Start: _____ Stop: _____

- | | |
|---|--|
| Liquids: | <input type="checkbox"/> Level 4 Puree |
| <input type="checkbox"/> Level 0 Thin (Regular liquids) | <input type="checkbox"/> Level 4 Extremely Thick |
| <input type="checkbox"/> Level 1 Slightly Thick | Solids |
| <input type="checkbox"/> Level 2 Mildly Thick | <input type="checkbox"/> Level 5 Minced & Moist |
| <input type="checkbox"/> Level 3 Moderately Thick | <input type="checkbox"/> Level 6 Soft & Bite-Sized |
| <input type="checkbox"/> Level 3 Liquidized | <input type="checkbox"/> Level 7 Regular |

Section C. Therapeutic Diet Order:

(Write specifics in space provided)

- Diabetic: _____
- Renal: _____
- PKU: _____
- Cardiac: _____
- Sodium Restriction: _____
- Other: _____

I certify that the above named student needs to be offered food substitutions as described above due to the student's Life Threatening food allergy or food intolerance/allergy as indicated.

Printed Name of Approved Medical Authority (see credentials) _____ DATE _____ MD DO PA APRN DPM DDS DVM
Check Appropriate Credentials

PROVIDER SIGNATURE DATE Contact Phone Number

I understand that if my child's medical or health needs change, it is my responsibility to provide documentation from my child's physician to the Food and Nutrition Services office and the school nurse. _____

PARENT/GUARDIAN SIGNATURE DATE

PARENT/GUARDIAN ADDRESS/EMAIL CONTACT PHONE NUMBER

School Nurse/Office Personnel USE ONLY School _____
School RN _____ RN Email _____ Phone # _____
School Café Manager _____ Café Email _____ Phone # _____

Scan and FAX to School: School nurse will fax form to RD @ 865 594-1203 CONTACT FOOD AND CHILD NUTRITION SERVICES DIETITIAN, Carolyn Perry-Burst at 865 594-3801 WITH QUESTIONS OR CONCERNS

This institution is an equal opportunity provider.

Adapted by Knox County Schools from Denver Independent School District SNP