**Section A. Food Allergy or Intolerance**

- **Milk/Dairy:**
  - No Fluid Dairy Milk
  - No Yogurt
  - No Cheese
  - Avoid all dairy products & derivatives even in baked goods
  - Dairy baked in foods allowed
  - Offer soy milk in place of dairy milk

- **Wheat:**
  - **ALLERGY**
  - **WHEAT INTOLERANCE**
  - **CELIAC** or **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
  - Avoid all products containing soy & it’s derivatives even in baked goods (oil excluded)
  - Soy baked in products OK
  - Provide almond milk (available for simultaneous soy and dairy allergy)

- **Peanut:**
  - **ALLERGY**
  - **INTOLERANCE**
  - Specify nut type/s, as appropriate

- **Other:**
  - Omit foods “processed in a facility” with above Vchecked ingredients
  - Sub with any foods that are free of Vchecked allergens (REQUIRED)

**Life Threatening Food Allergy:**
- No

**Seafood:**
- **ALLERGY**
- **INTOLERANCE**
- Specify fish type/s, as appropriate

**Shellfish:**
- **ALLERGY**
- **INTOLERANCE**
- Specify shellfish type/s, as appropriate

**Egg Allergy:**
- **ALLERGY**
- **INTOLERANCE**
- No Whole Eggs
- Avoid all eggs or derivatives in baked foods
- Eggs baked in foods allowed

**Corn:**
- **ALLERGY**
- **INTOLERANCE**
- Corn Starch allowed
- Corn Syrup allowed
- Avoid all products containing corn & its derivatives even in baked goods (oil excluded)

**Other (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)*

**Section B. Texture Modification:**
- **Year Round**
- **Temporary:**
  - Start: __________
  - Stop: __________

  **Liquids:**
  - Thin (Regular liquids)
  - Nectar Thick
  - Honey Thick
  - Pudding Thick

  **Solids:**
  - Mechanical Soft (chopped)
  - Mechanical Soft (ground)
  - Pureed (Applesauce texture)

**Section C. Therapeutic Diet Order:**
- (Write specifics in space provided)
  - Diabetic:
  - Renal:
  - PKU:
  - Cardiac:
  - Sodium Restriction:
  - Other:

**Section D. Religious/Personal Beliefs Food Restrictions:**
- (very few pork products offered)
- No Pork
- No Beef
- No Pork or Beef

Menu items are available on-line for parent/child selection-we offer daily PBJ or Soy Jelly Sandwiches or Turkey & Cheese Options most days

**PARENT/GUARDIAN SIGNATURE**

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

Printed Name of Medical Authority ________________________________

Prescribing Physician/Medical Authority:

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 Child Nutrition Services office and the school nurse.

**PARENT/GUARDIAN SIGNATURE**

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Scan and Email form to: carolyn.perryburst@knoxschools.org OR fax: 865 594-1203

CONTACT FOOD AND CHILD NUTRITION SERVICES DIETITIAN AT 865 594-3801 WITH QUESTIONS OR CONCERNS

FSD-49 (9/17)