



Willis ISD Child Nutrition Department

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WILLIS INDEPENDENT SCHOOL DISTRICT - DIET MODIFICATION FORM PLEASE RETURN FORM TO THE CHILD NUTRITION DEPARTMENT

allergy-management-plan@willisisd.org

Please allow up to two weeks for processing. If unable to accommodate, parent will be notified within that time-frame.

Student Name _____ Date of Birth _____

Campus Name _____ Student ID# _____ Grade _____ Teacher _____

By signing below, I acknowledge that it is my responsibility to notify any changes in my child's dietary needs in writing on this form. I give Child Nutrition Department consent to make modifications to my child's meals and to speak with the healthcare personnel below to discuss the dietary needs on this form.

Parent/Guardian Signature _____ Date _____

Phone Number _____ E-Mail _____

Medical Information To be Completed By A State Licensed Healthcare Professional

Does the child have a **life-threatening food allergy**? (check one) ___ No ___ Yes

Does the child have a **disability affecting major life activity requiring diet modification**? ___ No ___ Yes

List foods that need the following change in texture. If all foods need to be prepared in this manner, indicate "All".

- Cut up or chopped into bite size pieces: _____
- Finely ground: _____
- Pureed or Blended: _____

1. Life threatening food allergy or food intolerance – Omit these foods:

___ All dairy ___ fluid milk ___ cheese ___ peanuts ___ tree nuts ___ eggs ___ fish ___ shellfish
___ wheat ___ soy ___ gluten ___ corn

2. Can the student consume foods where **the allergen is an ingredient in the food product**? ___ No ___ Yes

(Example: scrambled eggs are not allowed but egg as an ingredient in pancakes is allowed)

Explain: _____

3. Does your child's food allergy require an **epipen**? ___ No ___ Yes

State Licensed Healthcare Professional Information

Name of Licensed Healthcare Professional (Print) _____ Phone _____

Signature of Licensed Healthcare Professional _____ Date _____

Name of Clinic/Hospital _____

Questions? Contact Child Nutrition Department at 936-890-7729

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