Special Diet Request Form 2025-2026

Please Scan/Email kimberlywilson@austin.utexas.edu or Return to Campus Nurse

SECTION 1

~To be completed by a legal parent or gaurdian~

Student Name:	**Grade:**	**DOB:**

☐ My child needs special diet accomodations, as medicaly presecribed in SECTION 2 of this form.

☐ My child no longer needs dietery accomodations and ***is allowed to receive a regualr meal*** .

Parent/ Guardian Name:	Phone #:
Parent/ Guardian Signature:	Date:

SECTION 2

~To be completed by a physician or medical authority licensed by the state of Texas~

MEDICAL DISSABILITY

☐ Food Allergy or Intolerance, student is NOT at risk of anaphylaxis

☐ Food Allergy, student IS at risk of anaphylaxis

☐ Other, (please specify):

FOOD RESTRICTIONS

Milk **(mark one below and circle the preferred milk substitute)**: water soy milk lactose-free milk

☐ Liquid Milk ONLY *(allow other sources of milk)*

☐ Dairy Products, including liquid milk, yogurt, and cheese

☐ Milk in ALL forms, including lquid milk, dairy, and breads/baked goods

☐ Whole Eggs *(allow other sources of egg)*

☐ Eggs, ALL sources, including those in baked goods

☐ Fish

☐ Shellfish

☐ Peanuts

☐ Tree Nuts

☐ Whole Soybeans/Tofu *(allow other sources of soy)*

☐ Soy, ALL sources, including soybean oil

☐ Wheat/Gluten

☐ Sesame, ALL sources, including seeds, and sesame oil and flour used in breads

☐ Other:_____

☐ Other:_____

******Providers, please ensure that your request includes the student's medical disability. Thank you!******

Medical Authority Name or Stamp:
& Credential *(circle one!)* MD RD DO PA NP Phone #:
Medical Authority Signature: Date:

UTES USE ONLY:				
	☐	Implemented	date:	Initials:
	☐	Updated	date:	
	☐	Sent to address on file	date:	Initials: