

KIP Academy, Inc.
Special Dietary Request Form for Students

STUDENT INFORMATION:

Do not complete this form if the student does not have a food allergy or special dietary need.

Student's Name: _____ Date: _____

Birth Date: _____ Age: _____ Grade Level: _____ Teacher: _____

Parent or Guardian Name: _____

Parent Phone (cell) _____ Work: _____ Home: _____

Email: _____

Does the student have a medical disability? ___ Yes ___ No

(If no, see Food Allergy/Intolerance(s)) below. If yes, complete the form and have it signed by a physical."

Name medical disability for which the specialized diet is required: e.g., PKU, Diabetes types 1 or 2, Cerebral Palsy: _____

Describe the major life activities affected by the disability: _____

List any dietary restrictions or special diet: e.g., low protein, no wheat, carbohydrate counting, texture modifications: _____

List any threatening anaphylactic food allergies: e.g. peanut allergy: _____

List any supplemental feedings required: e.g., snacks, frequency, AM and/or PM: _____

If a student has diabetes, at what blood sugar level should hypoglycemia be treated, and what are the preferred glucose sources for treatment? _____

List foods that need to be changed in texture: if all foods need to be prepared in this manner indicated, All: _____

Cut up or chopped to bite-size pieces _____

Finely ground _____

Pureed _____

List special equipment or feeding utensils needed: _____

Physician's Signature: _____

Parent's Signature: _____

Date: _____

Procedure to be continued as prescribed until: _____

OTHER DIETARY REQUEST

If a student does not have a medical disability but has a special nutritional feeding request, it is optional for the school to comply with the request. Please state the special nutritional need:

and clearly state foods to avoid or those to be substituted; e.g. lactose reduced milk for lactose intolerance: _____

Please attach medical documentation describing the dietary restrictions due to the food allergy and/or intolerance.

*FOOD ALLERGY

Dairy Soy Eggs Peanuts Tree nuts

Fish Shellfish Sesame Corn

Wheat (do **not** check this for celiac disease or gluten sensitivity, only wheat *allergy*)

Other, please list: _____

*FOOD INTOLERANCE:

Gluten (celiac disease or non-celiac gluten sensitivity, includes wheat, barley, oats, rye)

Lactose Fructose Sulfites Histamines Nitrites

Fructans Tyramine Galactans Fava Beans MSG

Salicylates Polyols Citric acid Nightshades

Other, please list: _____

Other Special Diet needs or restrictions (i.e., Diabetes, IBS, other): _____

Dietary Needs Questionnaire

Please answer the following questions to better help us with your needs:

1. What are the preferred food substitutions, if any? (soy butter for peanut butter, gluten-free breads, soy milk etc):

2. What types of contact will cause a reaction?

_____ Airborne _____ Trace Cross Contact _____ Actual ingestion of food
Please explain:

3. Does the student understand the food allergy and what needs to be done to manage it?

4. Is there any other information you would like to share to help us meet the student's needs?

Menus are posted online <http://www.kiplc.com/resources.html> each month in the newsletter.

By signing this I am certifying I understand the disclaimers contained in this form and I verify the information provided is true and correct.

Please print and sign with pen:

Participant/Parent/Guardian Signature: _____ Date: _____

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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: How to File a Complaint, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

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