

# SPECIAL DIET INFORMATION

Updated 8/12/20

Northside Independent School District is not responsible for and cannot guarantee the accuracy of any of the nutritional information contained on this site. It is not a guarantee of ingredients in all foods. Products stocked by Northside ISD change due to supplier changes or substitutions. Manufacturers may also change formulation and ingredient profiles without the knowledge of Northside ISD Child Nutrition Department. Parents are welcome to look at any ingredient label on food products at the school cafeteria. Northside Independent School District is not responsible for and cannot guarantee the contents of food products prepared by manufacturers. The information contained on this site is not intended as a substitute for advice from your physician or other healthcare professional. A detailed label book is also available at the main Child Nutrition Office located at 7520 Mainland Drive upon request with a scheduled appointment at 397-4504. For students that have severe allergies it is strongly suggested that parents have a menu marked by a healthcare professional for the cafeteria staff to follow or are encouraged to bring meals from home.

## **INFORMATION FOR STUDENTS WITH SPECIAL DIETARY NEEDS AND/OR FOOD ALLERGIES**

- Documentation from a medical authority will be required for accommodations to be made for a student's menu. Parents are encouraged to use the attached **Physician Order Form** for special dietary requests. This form should be completed by the student's physician and returned to the student's cafeteria and/or the Child Nutrition District Office. Other physician forms may be accepted during special circumstances.
- Each special dietary request must be supported by a statement that explains the food substitution that is requested.
- It must be signed by a recognized medical authority (physicians, physician assistants or nurse practitioners).
- The physician statement must identify:
  - The child's disability
  - An explanation of why the disability restricts the child's diet
  - The major life activity affected by the disability
  - The food or foods to be omitted from the child's diet and the food or choice of foods that must be substituted.
- The medical statement will be kept on file at the school and at the Child Nutrition Department Office, during the time the student is in school.
- Please contact the school cafeteria manager if you would like assistance with special dietary needs. An effort will be made to provide a substitution for the items containing the allergen(s). Please note that depending on the circumstances, the requested substitution may not be available in which case the parent may want to supplement their child's menu with food from home.
- Please introduce your child to the cafeteria manager and the school nurse so he/she is familiar with your child and circumstances/allergies.

### **Milk Substitutions**

- Students that are not able to tolerate milk due to lactose intolerance will now have the ability to choose lactose free milk or soy milk as an equivalent milk substitute.
- The lactose free milk or soy milk will be available to all students receiving a breakfast or lunch or after school snack and to students that wish to purchase the lactose free milk or soy milk without purchase of a meal.

### **Peanut/Nut Allergies**

- Northside ISD does not contact food manufacturers to determine if food items are manufactured in a plant where peanuts, nuts or any other allergens may be present in trace amounts.
- Northside ISD makes an effort to avoid products known to contain peanuts as an ingredient.
- Northside cannot guarantee that foods purchased have not been in contact with peanuts or other nuts during manufacturing.

### **Meal Viewer**

Northside ISD currently uses the Meal viewer online digital menu which is accessible from the district website and at <http://schools.mealviewer.com/district/NorthsideIndependentSchoolDistrict,TX> The website contains features that allow parents to set up an account for their child and annotate any allergens. Parents may filter and print menus for their child's school that exclude allergens. Other nutritional information is available on the site for reference.

Campus \_\_\_\_\_

Attach Photo Here

**Northside Independent School District  
Food Allergy/Special Dietary Needs/Disability Action Plan  
Physician Order Form**

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_ D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Wt: \_\_\_\_\_ lbs

Life Threatening Food Allergy / Special Dietary Needs / Disability: \_\_\_\_\_

**1. Omit these foods:**  No Wheat  No Peanut  No Tree Nut  No Fish  No Shellfish

- Dairy/Milk Allergy:  No Fluid Dairy Milk (Soy Milk offered)  No Yogurt  No Cheese  No dairy/milk in baked goods
- Lactose Intolerance (Lactose free milk offered)
- Egg Allergy:  No Whole Eggs  No Egg Whites  No eggs in baked goods
- Soy allergy:  No Soy Protein/Soy Milk  No Soy in Products (to include soy oil and soy lecithin)
- Omit food "processed in a facility" with above checked ingredients or specific ingredient \_\_\_\_\_
- Other (Please list): \_\_\_\_\_

**2. Major life activity affected by the life threatening food allergy or disability (check all that apply):**

- eating  caring for one's self  performing manual tasks  walking  seeing  hearing  speaking  breathing
- learning

**3. Foods to Substitute or Modify (A list of substitutions is required. A marked menu from parent/guardian signed by medical authority may be required.)** \_\_\_\_\_

*Information regarding Northside ISD nutritional programs may be found on the Child Nutrition website <https://www.nisd.net/>. Information provided by the district on its website or by school cafeteria managers/staff is not intended as a substitute for advice from your physician or other healthcare professional. Parents are welcome to review ingredient labels and/or recipes and may do so by contacting the Director of Child Nutrition Services at 210-397-4512. It is the policy of Northside ISD not to discriminate on the basis of age, race, religion, color, national origin, sex or disability in its programs, services or activities.*

**Medications/Doses**

Epinephrine (brand and dose): \_\_\_\_\_

Antihistamine (brand and dose): \_\_\_\_\_

Is the student asthmatic?  yes  no Bronchodilator (brand and dose): \_\_\_\_\_

**Treatment Plan: Physician to check appropriate medication(s)**

Food allergen ingested –no symptoms	Epinephrine _____ Antihistamine _____
Respiratory – wheezing, shortness of breath, coughing	Epinephrine _____ Antihistamine _____
Cardiovascular –low blood pressure, weak pulse, pallor/blue	Epinephrine _____ Antihistamine GI _____
– nausea, vomiting, diarrhea, cramping	Epinephrine _____ Antihistamine Skin –
hives, itching, rash, swelling of face/extremities	Epinephrine _____ Antihistamine Mouth – swelling
lips/tongue, itching, tingling	Epinephrine _____ Antihistamine Throat _____
– tightening, hoarseness, coughing	Epinephrine _____ Antihistamine Other -
_____	Epinephrine _____ Antihistamine _____
Symptom Worsening - _____	Epinephrine _____ Antihistamine _____

Parent consents for nurse follow up with physician?  yes  no \_\_\_\_\_  
Parent Signature Date

**Physician recommendations for medication self-administration: (Initial one)**

\_\_\_\_ The student above has been instructed by me in the proper way to use his/her medication(s). It is my professional opinion that he/she be allowed to carry and self-administer the above medications while on school property or at school related events.

\_\_\_\_ The student above in my professional opinion should NOT be allowed to carry and self-administer any of the above medication(s) while on school property or at school related events.

Physician Signature / Phone # \_\_\_\_\_ Date \_\_\_\_\_