



Dear Parent/Guardian,

You have indicated that your child has a food allergy, food allergies or needs other diet modifications. In accordance with Section 5.0 of the Guidance Manual for School Meals, Ruidoso Municipal Schools is requesting a completed Dietary Request Form to be filled out each year from all parents or guardians of enrolling/enrolled students that indicate their child has a food allergy or food allergies.

<http://ped.state.nm.us/nutrition/dl08/NutritionManual20072008.pdf>

Ruidoso Municipal School District is committed to providing a safe and allergy free environment for your child at school.

This Document is Very Important! Please Read It!

The following steps must be taken in order for the cafeteria to make any changes to your child's meal choices.

1. The Dietary Request Form must be filled out in its entirety by a physician. The doctor must indicate which foods your child cannot consume and what foods may be substituted in place of that item. Cafeteria staff CANNOT substitute or change menu items without written doctor's orders on file. This is federal law.
 - a. Diet modifications are strictly followed. For example, if the physician states that your child is allergic to dairy, then cafeteria staff cannot serve pizza, cheese, waffles or any other items that contain dairy to your child – even if you allow your child to consume such items at home. If your child *does not* have a severe allergy, please consider this before submitting the Dietary Request Form.
 - b. In order to remove an allergy or diet modification, a second Dietary Request Form must be completed by a physician. It must state that the child is no longer allergic or no longer needs diet modification.
 - c. Please note that juice cannot be substituted for milk. This is federal law. Soy milk is available on request.
 - d. If you would like to speak to the district Food Service Director before submitting the diet modification form, please see the contact information below.
2. Once the Dietary Request Form has been completed by a physician, please return the form to the Food Services Office.
3. Review the menu with your child so that they understand which choices are available from the cafeteria.

Thank you for your consideration when dealing with food allergies for your child. If you have any questions please do not hesitate to contact the Ruidoso Municipal School Student Nutrition Services Department.

Ruidoso Municipal School Student Nutrition Services
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Updated: 8/24/2020
Food Services Director
575-630-7993



FOOD AND CHILD NUTRITION SERVICES

2020-2021

DIETARY REQUEST

STUDENT'S NAME (Last, First) _____ Date of Birth _____ School _____

Section A. (To be completed by authorized medical authority)

Disability or severe, life threatening food allergy
Student's medical condition/disability (REQUIRED):

I. Disability or Severe Life Threatening Food Allergy

Student has allergies that are life threatening/anaphylactic:

- Yes, continue with this section No, refer to section B
- Dairy Allergy: No Fluid Dairy Milk No Yogurt No Cheese
- Avoid all dairy products even in baked goods
- Milk Allergy (Soy milk offered in place of dairy milk)
- Egg Allergy: No Whole Eggs No Egg Whites No Eggs in baked goods
- No Wheat No Peanut No Tree Nut
- No Fish No Shellfish No Soy No Corn
- Omit foods "processed in a facility" with above checked ingredients
- Other (Please list): _____

II. 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)

III. Therapeutic Diet Order: (Write specifics in space provided)

- Diabetic: _____
- Renal: _____
- PKU: _____
- Cardiac: _____
- Sodium Restriction: _____
- Other: _____

Section B.

Food Allergy/Intolerance (NOT LIFE THREATENING)

Student without a disability but is requesting special dietary accommodation

* PLEASE CHECK either ALLERGY or INTOLERANCE *

- ALLERGY INTOLERANCE

Student's allergy/intolerance to food(s) below:

Does not result in a Life Threatening/Anaphylactic reaction

I. Dairy Allergy: No Fluid Dairy Milk No Yogurt No Cheese

- Avoid all dairy products even in baked goods
- Lactose Intolerance (Lactaid Milk will be offered)
- Milk Allergy (Soy milk will be offered only for milk allergy)

II. Other food allergies/intolerances:

- Egg Allergy: No Whole Eggs No Egg Whites No Eggs in baked goods
- No Wheat No Peanut No Tree Nut
- No Fish No Shellfish No Soy No Corn

Omit all foods "processed in a facility" with the above

checked ingredients

Other (Please list): _____

*Safe Food Substitutions: _____

*Note: Food and Child Nutrition Services will attempt to accommodate the substitution as requested but reserves the right to modify the menu based on product availability

Section C.

Religious/Personal Beliefs Food Restrictions: (Only requires parent/guardian signature)

- No Pork No Beef No Pork and Beef
- Other: _____

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 _____ DATE _____ MD DO RD PA NP SLP

Prescribing Physician/Medical Authority: _____
SIGNATURE CONTACT PHONE NUMBER

I understand that it is my responsibility to renew this form **before each school year**. 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

DATE

ADDRESS/EMAIL

CONTACT NUMBER OF PARENT/GUARDIAN

School Nurse/Office Personnel USE ONLY

Date Parent Contacted _____ Date Nurse Contacted _____ Date Site Supervisor Contacted _____

Substitutions or modifications: _____

Scan and Email form to: foodservice@ruidososchools.org

CONTACT FOOD AND CHILD NUTRITION SERVICES DIRECTOR AT 575-630-7993 WITH QUESTIONS OR CONCERNS

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