



**Judson ISD- Special Dietary Needs Form**

This form is required when a Judson ISD student has special dietary needs.  
This Form **MUST** be completed by a licensed physician or medical authority.

1. **School Name:** \_\_\_\_\_
2. **School Phone Number:** \_\_\_\_\_
3. **Student Name:** \_\_\_\_\_
4. **Student Date of Birth:** \_\_\_\_\_
5. **Grade Level:** \_\_\_\_\_
6. **Classroom:** \_\_\_\_\_
7. **Parent /Guardian Name:** \_\_\_\_\_
8. **Parent/ Guardian Phone Number and/or e-mail:**  
\_\_\_\_\_
9. **Does the student have a \*disability?:**  
Yes, the student has a disability or a medical condition and requires a special meal or accommodation (Refer to definitions on page 3). Schools participating in the National School Lunch Program must comply with requests for special meals and any adaptive equipment. A licensed physician must sign this form.  
  
No, the student does not have a disability.
10. **Please state the disability or medical condition (such as anaphylactic food allergies) requiring a special meal or accommodation:**
11. **Does the student receive meals from the school cafeteria? (If yes, please indicate breakfast, lunch or after school snacks.)**
12. **If the student has a disability, provide a brief description of the student's \*major life activity affected by the disability:**



*Judson Independent School District Child Nutrition Services*  
210 School Street, San Antonio, TX 78109 (210) 945-6720

**13. Diet prescription and/or accommodation (Describe in detail to ensure proper implementation)**

**14. Indicate texture: (If all foods need to be prepared in this manner, indicate "All.")**  
Regular, no alteration      Chopped      Ground      Pureed      Liquid

**15. Please indicate foods to be omitted and substitutions (List specific foods to be omitted and suggested substitutions).**

**Foods to be Omitted:**

**Suggested Substitutions:**

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**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*Medical Authority Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*A physician's signature is required for students with a disability.

Medical Authority Printed Name: \_\_\_\_\_

Medical Authority phone number: \_\_\_\_\_ Date: \_\_\_\_\_

Please provide one copy of this form to the student's school nurse and one copy to:

**Judson ISD Child Nutrition Services**  
210 School Street, Converse TX 78109  
(210) 945-6720 phone  
(210) 945-6988 fax



**\*DEFINITIONS**

**“A Person with a Disability”** is defined as any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment.

**“Physical or mental impairment”** means (a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive, digestive, genito-urinary; hemi and lymphatic; skin, and endocrine; or (b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

**“Major life activities”** Include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentration, thinking, communication, and working.

**“Has a record of such an impairment”** is defined as having a history of, or have been classified (or misclassified) as having a mental or physical impairment that substantially limits one or more major life activities.

\*Citation from Section 504 of the Rehabilitation Act of 1973 and Americans with Disabilities Act of 1990)

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