

WAUKEE COMMUNITY SCHOOL DISTRICT

Authorization for Dietary Identification Card

/ /

Student's Name (First and Last)

Birth Date

School

Today's Date










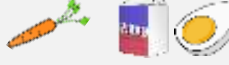


At the request of parents and guardians, the Waukee Community School District will issue an identification card for students who have special dietary restrictions or requirements. The card will be used by the District to assist in compliance with special dietary restrictions or requirements which apply to their children.

I am the parent/guardian of the student named in the authorization form, and I have the legal authority to request the issuance of the dietary identification card for this student. I am requesting that the District issue the dietary identification card for the student named in this authorization form, and I make the request subject to the following conditions:

1. I understand that the Waukee Community School District cannot guarantee absolute compliance with the special dietary restrictions or requirements which apply to the student named in this authorization form.
2. Even if an identification card is issued to the student named in the authorization form, I understand that the item which is not in compliance with special dietary restrictions or requirements which apply to this student may be made available to or consumed by this student.
3. I understand that the identification card will be issued in a manner which will allow School District staff to distinguish the card as a special dietary restriction or requirement, and I have no objections to this different style of card.

Parent/Guardian signature (I agree to the above statement): _____

Home Phone: _____ or Home Email: _____

Circle your student's needs below.		
<p>Allergy = Medical need; Student may have a physical reaction (hives, vomiting, diarrhea, etc.) and item must be strictly avoided Intolerance = Medical need; Student may have physical reaction to food, but there may be exceptions to what must be avoided (Example: Can have egg baked into products, but cannot have straight eggs, such as scrambled/hardboiled/etc.) Other Preference = This is an item that is requested to be avoided, but is not a medical need. This includes religious preferences (such as, avoidance of pork/beef) or lifestyle preferences (such as, vegetarian)</p>		
Allergy OR Intolerance *Forms may take up to 2 weeks to process. In addition, a doctor must complete the Diet Modification Request found here for medical needs requiring a specialized menu: https://bit.ly/DietMods		Other Preferences (No additional forms needed)
<p>Dairy/Milk - Indicate what student can/cannot have:</p> <p>Yes / No Fluid milk </p> <p>Yes / No Milk baked into items</p> <p>Yes / No Cheese, baked</p> <p>Yes / No Cheese, cold</p> <p>Yes / No Yogurt</p>	<p>Egg - Indicate what student can/cannot have:</p> <p>Yes / No Straight egg </p> <p>Yes / No Egg baked into items</p>	<p>Pork and Pork Products (bacon, sausage, gelatin, etc.) </p> <p>Beef and Beef Products </p>
<p>Gluten/Wheat </p>	<p>Sesame Seeds </p>	<p>Vegetarian, Dairy and egg okay </p>
<p>Soy - Indicate what student can/cannot have:</p> <p>Yes / No Soy in meat products </p> <p>Yes / No Soy as the 4th ingredient or lower in list</p> <p>Yes / No Soy oil</p>	<p>Other (please specify):</p>	<p>Avoid all meat: beef, pork, chicken, turkey, etc. </p> <p>Vegetarian, NO Dairy or egg </p> <p>Other Preference (please specify):</p>
<p>Peanuts </p>		
<p>Tree Nuts </p>		

School Received _____

Nutrition Services Received _____