



Dear Parents,

If you have indicated a food allergy on your child’s Student Emergency Information Form, please read the following:

We want to make sure you are aware that many allergens are a regular part of the school lunch and breakfast program. If your child needs to avoid these allergens, you will need to contact your school nurse or the district nutrition coordinator and return a “Special Diet Accommodation Request Form” signed by your child’s doctor. The form can be found at [DVUSD.org/nutrition](http://DVUSD.org/nutrition) under Nutrition Information. This will allow us to create a special menu for your student. Please note: In our K-8 schools, we do not serve products containing peanuts or nuts.

If you choose to continue sending your student through the lunch line without a Special Diet Accommodation Form, we recommend you update your student’s allergy information to indicate exposure through the school lunch and breakfast program is acceptable. For more information please contact your school nurse or Food & Nutrition at (623) 445-5165 or by email at, [nutrition@dvusd.org](mailto:nutrition@dvusd.org).

Please tell us how you would like to proceed:

I would like to complete and return a special diet request form. Please do not serve my student school meals until this form is on file and a menu has been created by the nutrition coordinator.

My child’s allergies to \_\_\_\_\_ are mild and he/she can continue to eat school meals. I do not feel that my child needs a special diet.

My child’s allergy to \_\_\_\_\_ is potentially severe. If pertinent, I have read the information about the “reduced nut” status of DVUSD school meals. I will allow my son/daughter to eat school meals. I do not feel that my son/daughter needs a special diet order.

My child’s allergy to \_\_\_\_\_ is potentially severe. My child will not be allowed to eat school meals.

Child’s Full Name: \_\_\_\_\_ Child’s Lunch ID#: \_\_\_\_\_

Parents Name \_\_\_\_\_ School Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date Signed: \_\_\_\_\_

**Please return this form to your school nurse. For more information, contact your school nurse.**

This institution is an equal opportunity provider