



PHYSICIAN'S DIET MODIFICATION

The U.S. Department of Agriculture School Meals Program requires that all questions be answered in order for any diet modification or substitution to be made in school meals. This form must be signed by a licensed physician.

Student Name _____ Student ID # _____ DOB _____

Campus _____ Parent/Guardian _____ Telephone _____

As parent or guardian, I give permission for CFBISD to contact the Physician's office regarding my child's dietary needs. _____ (Parent Signature)

Physician's Statement

I _____, (Physician) declare the child listed above to possess either a
Physician's Name (please PRINT)

LIFE THREATENING FOOD ALLERGY or a DISABILITY. *Please complete the appropriate section below.*

LIFE THREATENING FOOD ALLERGY – Omit these foods (circle):

fluid milk peanuts tree nuts eggs fish shellfish wheat soy other: _____

OR

DISABLING DIAGNOSIS REQUIRING DIETARY MODIFICATION:

Diagnosis: _____

1. Can the student consume foods where the allergen is an ingredient in the food product? _____ yes _____ no
(Example: Any foods that contain eggs or milk are unacceptable.)

Explain _____

2. Explanation of why this disability restricts diet:

Explain _____

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

(NOTE: CFBISD cannot honor this document unless at least one life activity is marked.)

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

4. Foods to Substitute *(NOTE: CFBISD cannot honor this document unless substitutions are listed below.)*

Physician's Signature _____ Date _____

Telephone _____ Clinic/Facility _____

For questions, contact Personnel Coordinator-Student Nutrition, Genny D'Souza, at 972-968-6388. (Fax 6392)



RETURN TO SCHOOL NURSE

To Parent/Guardian of CFBISD student(s):

If your child has a life-threatening food allergy or a disability requiring a diet modification, you must have a physician complete the *Physician's Diet Modification Form* and return it to your school nurse. This form is located on our website at <https://cfbisd.edu/nutrition-services/>.

Once a life-threatening food allergy or a disability requiring a diet modification is established and the completed *Physician's Diet Modification* form is on file, the student's account will have an alert posted in the cafeteria point of sale system.

If your child has an allergy that is not life threatening, a food intolerance, or a preference, please either visit our website at <https://cfbisd.edu/nutrition-services/> or check out our printed menus. Food allergen and nutrition information is posted to help you assist with your child's menu selections. The Student Nutrition Department makes every effort to provide up-to-date accurate information; however, we cannot be responsible for ensuring that a child's menu selections are free from allergens. Occasionally, manufacturers will make substitutions for ingredients which may alter this information.

If you have any questions, please contact the Personnel Coordinator at 972-968-6388.

Sincerely,

Student Nutrition Department



RETURN TO SCHOOL NURSE

Al padre/tutor de estudiante(s) de CFBISD:

Si su hijo/a sufre de una alergia seria que pudiera ser mortal, o de una discapacidad que requiera una modificación a su dieta, usted deberá presentar a la enfermera escolar el formulario apropiado (*Physician's Diet Modification Form*) completado y firmado por un médico. Podrá encontrar este formulario en <https://cfbisd.edu/nutrition-services/>.

Una vez que se haya establecido la existencia de una alergia mortal o de una discapacidad , y que se tenga el debido formulario de modificación a la dieta (*Physician's Diet Modification form*) en el archivo escolar del estudiante, habrá un mensaje de Alerta al lado de su nombre en el sistema de comedor de su escuela.

Si su hijo/a sufre de una alergia no mortal, de intolerancia a una comida, o si tiene alguna preferencia en comida, favor de visitar nuestro sitio en <https://cfbisd.edu/nutrition-services/> o consulte nuestros menús impresos. Les ofrecemos información sobre alérgenos y nutrición para ayudarles a usted y a su estudiante a seleccionar la comida diaria adecuada juntos. El Departamento de Nutrición Estudiantil se esfuerza por mantener esta información actualizada, pero no está en nuestro poder vigilar que las selecciones de comida de un estudiante estén libres de alérgenos. Ocasionalmente los fabricantes hacen sustituciones en sus ingredientes, lo cual pudiera alterar la información que ofrecemos.

Si tiene usted alguna pregunta, favor de comunicarse con la directora auxiliar al 972-968-6388.

Atentamente

Departamento de Nutrición Estudiantil