



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: _____ Nurse: _____

As parent or guardian, _____ give permission for CFBISD to contact the
Parent/Guardian Name (please PRINT)
Physician's office regarding my child's dietary needs.

Parent/Guardian Signature: _____ Telephone: _____

Physician's Statement

I _____, (Physician) declare the child listed above to possess either a life-threatening
Physician's Name (please PRINT)
food allergy (1) OR a disability(2) requiring a diet modification. Please complete the appropriate section below.

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

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

OR

2) DISABLING DIAGNOSIS REQUIRING DIETARY MODIFICATION: Diagnosis: _____

- Can the student consume menu items in which the allergen is an ingredient in the food product?
YES _____ NO _____

If yes, please name which foods to allow: _____

- Please explain why this disability restricts diet: _____

- Please identify which major life activity is affected by the life threatening food allergy or disability:

- Please list any foods to substitute:

- If there is a texture modification, please circle one: Diced Chopped Ground Puree

Physician's Signature _____ Date _____

Telephone _____ Clinic/Facility _____

For questions, contact Nutrition Coordinator of Student Nutrition at 972-968-6381 (Fax 6392).

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.



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/> to view our menus online. 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.

The household is not required to provide a new medical statement each year. A new medical statement is required only if a student's medical condition has changed.

If you have any questions, please contact the Nutrition Coordinator at 972-968-6381.

Sincerely,

Student Nutrition Department

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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/> para ver nuestros menús online. 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.

El hogar no está obligado a proporcionar una nueva declaración médica cada año. Se requiere una nueva declaración médica solo si la condición médica de un estudiante ha cambiado.

Si tiene alguna pregunta, comuníquese con el coordinador de nutrición al 972-968-6381.

Atentamente

Departamento de Nutrición Estudiantil

Para todos los demás programas de asistencia de nutrición del FNS, agencias estatales o locales y sus subreceptores, deben publicar la siguiente Declaración de No Discriminación:

De acuerdo con la ley federal de derechos civiles y las normas y políticas de derechos civiles del Departamento de Agricultura de los Estados Unidos (USDA), esta entidad está prohibida de discriminar por motivos de raza, color, origen nacional, sexo (incluyendo identidad de género y orientación sexual), discapacidad, edad, o represalia o retorsión por actividades previas de derechos civiles. La información sobre el programa puede estar disponible en otros idiomas que no sean el inglés. Las personas con discapacidades que requieren medios alternos de comunicación para obtener la información del programa (por ejemplo, Braille, letra grande, cinta de audio, lenguaje de señas americano (ASL), etc.) deben comunicarse con la agencia local o estatal responsable de administrar el programa o con el Centro TARGET del USDA al (202) 720-2600 (voz y TTY) o comuníquese con el USDA a través del Servicio Federal de Retransmisión al (800) 877-8339. Para presentar una queja por discriminación en el programa, el reclamante debe llenar un formulario AD-3027, formulario de queja por discriminación en el programa del USDA, el cual puede obtenerse en línea en:

<https://www.fns.usda.gov/sites/default/files/resource-files/usda-program-discrimination-complaint-form-spanish.pdf>, de cualquier oficina de USDA, llamando al (866) 632-9992, o escribiendo una carta dirigida a USDA. La carta debe contener el nombre del demandante, la dirección, el número de teléfono y una descripción escrita de la acción discriminatoria alegada con suficiente detalle para informar al Subsecretario de Derechos Civiles (ASCR) sobre la naturaleza y fecha de una presunta violación de derechos civiles. El formulario AD-3027 completado o la carta debe presentarse a USDA por: **(1) correo:** U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or **(2) fax:** (833) 256-1665 o (202) 690-7442; o **(3) correo electrónico:** program.intake@usda.gov. Esta entidad es un proveedor que brinda igualdad de oportunidades.