

DONNA INDEPENDENT SCHOOL DISTRICT

CHILD NUTRITION PROGRAM

1201 Silver Avenue · Donna, TX 78537 · 956·464·1814

FORM #2

Continue/Remove/Change

Studer	ent:S	tudent ID #
Parent	nt/Guardian: I	Phone:
Email:	il:	Campus:
Parent	nts/Guardians,	
To accommodate student diet modifications for SY 2023-2024, only ONE of following is <u>required</u> .		
	1. Diet Continues for 2023-2024 (#1); or	
	2. Diet No Longer Necessary for 2023-2024 (#2); or	
	3. NEW Diet Modifications for 2023-2024 (#3 and Form #1)	
1. Sar	ame <u>Diet Continues</u> for 2023-2024 School Year	
If your child is to continue the same diet modifications from school year 2023-2024; <i>sign/date here</i> :		
Parent	nt/Guardian:	Date:
2. Diet no longer necessary for 2023-2024 School Year		
If the diet modifications are no longer necessary; parent/guardian must sign/date here to have them removed:		
Parent/Guardian:		Date:
3. Ch	Changes to Existing Diet (Form #1)	
New d	diet modifications require the 2023-2024 Physician's Request fo	or Diet Modifications Form with a physician
signature be submitted (Form #1).		
C		
USDA re	regulation does not allow school food service staff to make any accommodations wit	hout the following information:
	Foods not allowed and foods allowed	
	Signature of a physician licensed to practice in the United States. Signatures from accordance with USDA Child Nutrition Program regulations	n Physicians outside of the U. S. (i.e. Mexico), will not be accepted in

All completed forms may be returned to the School Nurse. Nurse will send to CNP Dietitian email eugenia.garcia@donnaisd.net

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