Modificaciones a la dieta de niños o adultos con alergia alimentaria u otra discapacidad

Nombre del niño/adulto participante: _____

Incluya una breve descripción del impedimento físico o mental que requiere una modificación de la dieta:

_____

_____

_____

ALIMENTOS QUE SE DEBEN *OMITIR* y *SUGERENCIAS DE SUSTITUCIONES*:

Marque el grupo o los grupos de alimentos que se deben omitir. Enumere los alimentos específicos que se deben omitir y sugiera sustituciones. Utilice la parte posterior de este formulario o adjunte información adicional según sea necesario.

ALIMENTOS A OMITIR

( ) Leche solo _____ ( ) Cacahuetes _____

( ) Todos los productos lácteos _____ ( ) Frutos secos _____

( ) Huevos/productos a base de huevos _____

( ) Trigo _____

( ) Soja _____

( ) Pescados _____ ( ) Shellfish _____

( ) Other_____

Please list additional information or suggested substitutions here: _____

MODIFIED TEXTURE SECTION

Food Consistency:	( ) Regular	( ) Chopped	( ) Ground	( ) Pureed
Liquid Consistency:	( ) Thin	( ) Nectar	( ) Honey	( ) Pudding

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I certify that the above-named student needs diet modifications as described above because of the student's disability, life-threatening food allergy or lactose intolerance:

Licensed Physician's Signature **Office Phone** **Date**

Printed Physician's Name

I understand that if my child's medical needs change, it is my responsibility to notify the school and to provide an updated Diet Modification Form completed by a licensed health care provider. I give my permission to share the information on this form with the individuals who take part in the care of my child during the school day and understand that the doctor's office may be contacted when additional clarification is needed.

Parent's/Guardian's Signature **Phone Number** **Date**

Adapted from the Handbook for Children with Special Food & Nutrition Needs – NFSMI Item #ET69-06
In accordance with the Maryland State Department of Education Management and Operations Memorandum #16 (4/00)
CC: □School Nurse □School Cafeteria Manager □Child Nutrition Office