

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

FORM #2

Continue/Remove/Change

Student:	Student ID #
Parent/Guardian:	Phone:
Email:	_ Campus:

Parents/Guardians,

To accommodate student diet modifications for SY 2024-2025, only ONE of following is *required*.

- 1. Diet Continues for 2024-2025 (#1); or
- 2. Diet No Longer Necessary for 2024-2025 (#2); or
- 3. NEW Diet Modifications for 2024-2025 (#3 and Form #1)

1. Same <u>Diet Continues</u> for 2024-2025 School Year

If your child is to continue the same diet modifications from school year 2024-2025; *sign/date here*.

__ Date: ____

Parent/Guardian:

2. Diet no longer necessary for 2024-2025 School Year

If the diet modifications are no longer necessary; parent/guardian must *sign/date here* to have them removed:

_ Date: _____

3. Changes to Existing Diet (Form #1)

New diet modifications require the 2024-2025 Physician's Request for Diet Modifications Form with a physician signature be submitted (Form #1).

USDA regulation does not allow school food service staff to make any accommodations without the following information:

- Disability or diagnosis requiring special diet
- □ Foods not allowed and foods allowed
- Signature of a physician licensed to practice in the United States. Signatures from Physicians outside of the U. S. (i.e. Mexico), will not be accepted in accordance with USDA Child Nutrition Program regulations

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

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