Cypress-Fairbanks Independent School District

Student Diet Modification Form

Student Last Name: _____First:_____ Date of Birth: _____

School: _____ Grade: _____

Parent/Guardian Contact Information

Name:_____

Phone Number: _____ Email: _____

I give Health Services/Food Services permission to speak with the Physician to discuss the dietary needs described below.

_____ Date:_____

Parent/Guardian Signature

Which meals will the student eat <u>from the school cafeteria</u> (please circle)?

BREAKFAST LUNCH NONE **(If student does not eat from the cafeteria, it is not necessary to complete this form.)**

*******REQUIRED*****The following 6 items must be completed by a licensed physician *****REQUIRED******

1. Does the student have a <u>disability or food allergy</u> requiring diet modification? *Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, define a person with disability as any person who has a physical or mental impairment which substantially limits one or more "major life activities," has a record of such impairment, or is regarded as having such impairment."*

☐ **Yes** ☐ **No** **If the student does NOT have a disability and/or food allergy, this form does not need to be completed and will be disregarded.**

2. Does the student have a prescription for an Epi-pen for a food allergy?

☐ **Yes** ☐ **No**

3. Medical Diagnosis:_____

4. Major life activities affected by the disability:_____

5. Foods to be Omitted:

____**Peanuts/Tree Nuts** ____**Fish/Shellfish/Seafood** _____***WHEAT*****

____**Fluid Milk** ____**All dairy products** _____***ALL FOODS CONTAINING MILK BAKED IN AS AN INGREDIENT***** (Breaded items dipped in milk)

____**Eggs by themselves** _____***ALL FOODS CONTAINING EGG BAKED IN AS AN INGREDIENT***** (Ex. Baked goods)

____**Soy as a main ingredient** (Ex. Soy milk, edamame, soy sauce) _____***ALL FOODS CONTAINING SOY BAKED IN AS AN INGREDIENT***** (Ex.Soy in processed foods)

____**Sesame** _____**Other:**_____

****If student must omit MILK or EGGS BAKED IN AS AN INGREDIENT, SOY BAKED IN AS A MINOR INGREDIENT, WHEAT, or HAS MULTIPLE FOOD ALLERGIES, we must provide them with the Allergen Free Prepackaged Meal in order to accommodate them to receive meals in the cafeteria.****

<u>*All changes or updates to diet modifications must be provided in writing by a Licensed Physician.***</u>**

6. Accommodations Needed:

____**Allergen Free Prepackaged Meals-** *Free of Wheat, Gluten, Milk, Egg, All Nuts, Soy, Fish, Shellfish, Sesame* (Menu is available upon request.)

____**Nut free foods** _____**Seafood free foods** _____**Soy Milk** _____**Other**_____

_____**Dysphagia Meals-** *Only for students with a medical diagnosis of dysphagia*

- _____**Pureed**
- _____**Minced & Moist (Previously Mechanical Soft Chopped)**
- _____**Soft & Bite-Sized (Previously Mechanical Soft)**
- _____**Other:**_____

Does student need thickener provided by nutrition services? ☐ **Yes** ☐ **No**

PLEASE RETURN COMPLETED FORM TO SCHOOL NURSE - ALLOW TWO (2) WEEKS FOR PROCESSING

Name of Licensed Physician (print): _____

Physician's Signature: _____Date:_____

Address: _____Phone: _____

Questions? Contact Food Service Dietitian: Specialdiets@cfisd.net OFFICE: 281-807-8929 FAX: 281-897-4184

Updated 8/2025