

Cameron ISD Health Services

Physician Authorization for Diet Modifications

The U.S. Department of Agriculture School Meals Program requires your child's physician to answer all questions for any diet modifications to be made for school meals.

Student:	Student ID:	DOB:
School Campus:	Grade:	Current School Year:
Parent of Guardian Name:	Phone:	Email:

<p>Does the child have an identified disability and/or life-threatening food allergy?</p> <p>Does the child have a food intolerance/allergy not considered a medical disability/life-threatening?</p>	<p>Yes _____ No _____ Explain: _____</p> <p>Yes _____ No _____ Explain: _____</p>
Major life activity affected by the disability, if applicable:	Breathing ____ Speaking ____ Learning ____ Seeing ____ Hearing ____ Walking ____ Performing manual tasks ____ Major bodily functions ____ Other _____
Indicate specific food allergy/restrictions NOT allowed which must be omitted from school meals:	Fluid Milk ____ Dairy (cheese, yogurt, ice cream) ____ Peanuts ____ Tree Nuts ____ Eggs ____ Fish ____ Shellfish ____ Wheat ____ Soy ____ Sesame ____ Other _____
Can the student consume foods where the allergen is an ingredient in the food product/recipe and is cooked/baked in?	Yes _____ No _____ Explain: _____
Safe food substitutes:	
Other information/instructions pertinent to the diet modification:	

Physician (Print Name):	Physician Signature:
Office Phone:	Date:

<p><u>Parent/Guardian:</u> I give Cameron ISD Nutrition Program permission to speak with the above named physician to discuss dietary needs for my child. I understand that it is MY responsibility to renew this form should the student's nutritional needs change. To remove allergy restrictions from my child's account, <u>I must submit a signed note, from his/her physician stating that they no longer have the food allergy or intolerance.</u></p>	
Parent/Guardian Name: _____	
Parent/Guardian Signature: _____	Date: _____

Please fax completed form to CISC Health Services **254-605-0354**
or email twimmer@cameronisd.net