

**La Feria Independent School District**  
**Child Nutrition**  
2017 – 2018

**PHYSICIAN'S REQUEST FOR DIET MODIFICATIONS**

The U.S. Department of Agriculture School Meals Program requires that all questions be answered by your child's physician in order for any diet modifications to be made in school meals. The statement must identify (1) the child's disability/diagnosis and an explanation of why the disability/diagnosis restricts the child's diet; (2) if applicable, the major life activity affected by the disability; and (3) the food or foods not allowed.

Campus: \_\_\_\_\_ Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Grade: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

Address: \_\_\_\_\_

1. List the child's food allergy that constitutes a disability: \_\_\_\_\_

*Does the food allergy result in a severe, life-threatening (anaphylactic) reaction?*

Yes  No

2. Major life activity affected by the disability, if applicable: \_\_ eating \_\_ walking

\_\_ learning \_\_ performing manual tasks \_\_ speaking \_\_ breathing \_\_ hearing

\_\_ seeing Other, specify \_\_\_\_\_

3. Life threatening food allergy if applicable: (check foods to omit)

Fluid milk \_\_\_ Peanuts\_\_\_ Tree nuts\_\_\_ Eggs\_\_\_ Fish\_\_\_ Shellfish\_\_\_

Wheat\_\_\_ Soy\_\_\_ Other, specify \_\_\_\_\_

4. The food or choice of foods that must be substituted: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Can the student consume foods where the allergen is an ingredient in the food product/recipe? (example: scrambled eggs are omitted but egg as an ingredient in pancakes are allowed) Yes \_\_\_ No \_\_\_ Explain:

\_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Physician (print name in full)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone

Revised 6/14/17

Please return completed forms to the cafeteria manager or campus nurse or fax to: 956-797-9205. You can call: 956-797-8570 with questions.

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