Valley View ISD CHILD NUTRITION PROGRAM
DIETARY ORDER FORM
2021-22

Student's Name: _____ Date of Birth:_____

Campus:_____ Grade: _____ Nurse: _____

Parent's Name: _____ Phone Number: _____

Diagnosis/Disability: _____

(1) Disability: □Autism □Mental Retardation □ Orthopedic Impairment □ Emotional Disturbance □Learning Disability □Traumatic Brain Injury □ADD □Other Health Impairments_____

(2) How does this handicap/disability restrict the child's diet? _____
_____

(3) Major life activity affected by disability: □Eating □Walking □Seeing □Hearing □Speaking □Learning □Performing □Manual Task □Breathing

(4) Diet Prescription:

- Meal Plan: □1200Kcal □1500Kcal □2000Kcal □Low Fat □Other_____
- Foods to omit **due to allergies**:□ Milk/Dairy □Peanut Butter□ Wheat/Bread□ Eggs □ Citric Acid Other:_____
- Food to Substituted: □Lactaid Milk □Soy Milk □Other_____

Duration of time for special diet/restriction: _____Weeks _____Months _____Until May 2008

Textures allowed: *(check)* □Regular □Ground □Pureed □Chopped □Other_____

I certify that the above named child requires nutritionally modified meals as described above due to the child's disability.

_____ _____
Signature of U.S. Licensed Physician Date

_____ _____
Printed Name of Physician Office Number

Parent/Guardian: I give permission for the school staff to follow the above nutrition plan

Parent/Guardian Signature:_____ Date:_____

USDA regulations require any substitutions or modifications in school meals for children whose disabilities restrict their diets, be supported by a statement signed by a licensed physician. **The physician's statement must identify**: (1) The child's disability and an explanation of why the disability restricts the child's diet; (2) The major life activity affected by the disability; (3) The food or foods to be omitted from the child's diet.

PLEASE NOTE: Food allergy or food intolerance is not considered a disability under USDA's non-discrimination regulations unless, in the physician's assessment, the allergy may lead to severe, life-threatening reactions.

Diet prescriptions from Mexico will not be accepted in accordance with USDA Child Nutrition Program regulations.

Please fax information to:

School Nurse: _____

YEARLY RENEWAL REQUIRED

For CNP staff only

Received: _____ Date: _____ Order modified: _____

Faxed: _____ D/C order: _____

Revised April 2007 Greg Saenz