## **Dickinson Independent School District - Food & Nutrition Services**

4003 Video Street • Dickinson, Texas 77539 • Tel. 281-229-6012

## PLEASE RETURN FORM TO THE SCHOOL NURSE

New Order	Change Order	Discontinue Order No Changes
Stu	dent Diet Modification Form	m (for cafeteria meals ONLY)  Revised 9
Student Last Name:	First Name:	MI:Date of Birth://
Student ID#:	School:	
Parent/Guardian Conta		
Name (print):	Phone Number:	Email:
		or Authorized Medical Authority to discuss the dietary needs described below. I provide documentation from my child's physician to Dickinson ISD.
Darant/Cuardian Signatura		Date:
Parent/Guardian Signature		
Which meals will the stud	ent eat from the school cafeteria? (c	check all that apply)
☐ Breakfast ☐ Lunch	None (if student does not eat from the cafet	eteria, modifications will not be arranged)
Student has a <u>life-threate</u>	ning/anaphylactic food allergy? $\Box$	Yes (complete section A)
*If the student does NO	T have a disability and/or food allergy, this fo	form does not need to be completed and will be disregarded.*
The following must be	o completed by a licensed physici	cian or prescribing medical authority:
_		
	y (check all foods to be omitted from	
☐ Peanuts ☐ Tree N☐ Sesame	luts $\square$ Fish $\square$ Shellfish $\square$ N	Wheat Disability:
Dairy Allergy (specify):	☐ Fluid Milk Only	Major life activity affected by the disability
	☐ All Dairy Including in Baked Goods	(check all that apply):
		☐ Major Bodily Function ☐ Breathing
	Whole Plain Eggs (ex. scrambled eg	Esting     Hosring
	☐ No Eggs Including in Baked Goods	Caring for One's Self
Soy Allergy (specify):	edient (ex. edamame, soy sauce, soy r	☐ Performing Manual Tasks
l <u> </u>	redient (ex. soy filler in meats, soybea	ean oil) Uther:
_ , ,	, , ,	Texture modification needed?:
		Regular Soft (ground)
Other (please be specific	)	Dureed Soft (chopped)
		Other:
Safe Food Substitutes:		
		AS A MINOR INGREDIENT, WHEAT, or HAS MULTIPLE FOOD rgen Free Meal with very limited options**
	ın (print):	Physician's Signature:
Clinic Name & Address:		Date: Phone:

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Questions? Contact Food & Nutrition Services at 281-229-6012

Please allow up to 2 weeks for processing.