Dickinson Independent School District - Food & Nutrition Services

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

| PLEASE RETURN FORM TO THE SCHOOL NURSE SERVICES | | | |
|--|---|--|----------------|
| New Order | Change Order | Discontinue Order | No Changes |
| St | udent Diet Modification Form (for | cafeteria meals ONLY) | Revised 7/2 |
| Student Last Name: | First Name: | MI:Date of Birth | n:/ |
| Student ID#: | School: | | |
| Parent/Guardian Conta | act Information | | |
| Name (print): | Phone Number: | Email: | |
| | rmission to speak with the below named Physician or Authorize al or health needs change, it is my responsibility to provide do | cumentation from my child's physician to Dickin | ison ISD. |
| Parent/Guardian Signature | | Date: | |
| Which meals will the stu | dent eat from the school cafeteria? (check al | ll that apply) | |
| ☐ Breakfast ☐ Lunch | None (if student does not eat from the cafeteria, mod | difications will not be arranaed) | |
| | ening/anaphylactic food allergy? | <u></u> | ate section B) |
| | OT have a disability and/or food allergy, this form doe | | - |
| | | · · · · · · · · · · · · · · · · · · · |] |
| The following must b | oe completed by a <u>licensed physician or p</u> | prescribing medical authority: | |
| Section A: Food Aller | gy (check all foods to be omitted from diet): | Section B: Disability | |
| | Nuts \square Fish \square Shellfish \square Wheat | Disability: | |
| ☐ Sesame | | | |
| 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 ☐ Bree ☐ Seeing ☐ Speaking ☐ Lea | - |
| Egg Allergy (specify): | ☐ Whole Plain Eggs (ex. scrambled eggs) | ☐ Eating ☐ Hearing ☐ Wa | - |
| Soy Allergy (specify): | ☐ No Eggs Including in Baked Goods | ☐ Caring for One's Self | · · |
| No Soy as a main ingredient (ex. edamame, soy sauce, soy milk) | | Performing Manual Tasks | |
| - | gredient (ex. soy filler in meats, soybean oil) | Other: | |
| | | Texture modification needed?: | |
| Other (please he specifi | c) | Regular Soft (gro | - |
| Other (please be specific) | | | |
| | _ | Other: | |
| Safe Food Substitutes:_ | | | |
| **16 | + MILK or ECCS AS AN INCREDIENT COVAS A AND | IOD INCREDIENT VALUEAT | TIDLE FOOD |
| | t MILK or EGGS AS AN INGREDIENT, SOY AS A MIN GIES, we must provide them with an Allergen Free | | LIIPLE FUUD |
| | · · · · · · · · · · · · · · · · · · · | | |
| Name of Licensed Physici | an (print):P | hysician's Signature: | |

Clinic Name & Address: _ Phone: Please allow up to 2 weeks for processing. Questions? Contact Food & Nutrition Services at 281-229-6012