



Lumberton ISD Child Nutrition Department

PHYSICIAN'S DIET MODIFICATION 2019-2020

Student Name _____ Student ID # _____ Date of Birth _____

School Name _____ Parent/Guardian _____ Telephone _____

As parent or guardian, I give permission for Lumberton ISD to contact the Physician's office regarding my child's dietary needs. _____ (Parent Signature)

The U.S. Department of Agriculture School Meals Program requires that all questions be answered in order for any diet modification or substitution to be made in school meals. This form must be signed by signed a licensed physician.

Physician's Statement

LIFE THREATENING FOOD ALLERGY – Omit these foods:

_____ Fluid Milk (by itself) _____ Milk (as an ingredient) _____ Peanuts _____ Other: _____

_____ Fish _____ Shellfish _____ Wheat _____ Eggs _____ Tree nuts _____ Soy

OTHER DISABLING DIAGNOSES REQUIRING DIETARY MODIFICATION:

1. Can the student consume foods where the allergen is an ingredient in the food product? ___ yes ___ no (Example: Any foods that contain eggs or milk are unacceptable.)

Explain _____

2. Explanation of why this disability restricts diet:

3. Major life activity affected by the life threatening food allergy or disability (check all that apply): (NOTE: Lumberton ISD cannot honor this document unless at least one life activity is marked.)

_____ eating _____ caring for one's self _____ performing manual tasks _____ walking _____ seeing _____ hearing _____ speaking _____ breathing _____ learning

4. Foods to Substitute (NOTE: Lumberton ISD cannot honor this document unless substitutions are listed below.)

Physician's Signature _____ Date _____

Telephone _____ Clinic/Facility Name _____

RETURN TO SCHOOL NURSE.

Questions? Contact the Child Nutrition Department: 409-923-7441

The U.S. Department of Agriculture School Meals Program requires that all questions be answered in order for any diet modification or substitution to be made in school meals. This form must be signed by signed a licensed physician. The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, DC 20250- 9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider.