



Cypress-Fairbanks Independent School District

Matt Morgan
Food Service Director

281-897-4535

11355 Perry Road
Houston, Texas 77064-0999

Date: _____

Campus Name: _____

Child's Name: _____

PHYSICIAN'S STATEMENT

I, _____, physician for
Physician's Name
_____, declare the herein mentioned child to
Child's Name

possess the following listed food allergies and/or special dietary need. Alternate foods should be offered at school in accordance with the following guidelines.

Signed,

Physician's Name

Clinic Name

Address

Telephone

Food Allergy OR Special Diet

Alternate Feeding Guidelines

"In accordance with Federal law and U. S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

Please keep one copy on file in the cafeteria, send one copy to your school nurse and send one copy to:

Food Production Center

Attn: Emmy Andrepont, MPH, RD, LD