



Cypress-Fairbanks Independent School District
Student Diet Modification Form

Student Last Name: _____ First: _____ Date of Birth: _____

School: _____ Grade: _____

Parent/Guardian Contact Information

Name: _____

Phone Number: _____ Email: _____

I give Health Services/Food Services permission to speak with the Physician to discuss the dietary needs described below.

Parent/Guardian Signature _____ Date: _____

Which meals will the student eat from the school cafeteria (please circle)?

BREAKFAST LUNCH NONE (If student does not eat from the cafeteria, it is not necessary to complete this form.)

*****REQUIRED*****The following 6 items must be completed by a licensed physician *****REQUIRED*****

1. Does the student have a disability or food allergy requiring diet modification? Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, define a person with disability as any person who has a physical or mental impairment which substantially limits one or more "major life activities," has a record of such impairment, or is regarded as having such impairment.

[] Yes [] No **If the student does NOT have a disability and/or food allergy, this form does not need to be completed and will be disregarded.**

2. Does the student have a prescription for an Epi-pen for a food allergy?

[] Yes [] No

3. Medical Diagnosis: _____

4. Major life activities affected by the disability: _____

5. Foods to be Omitted:

- ___ Peanuts/Tree Nuts ___ Fish/Shellfish/Seafood ___ WHEAT**
___ Fluid Milk ___ All dairy products ___ ALL FOODS CONTAINING MILK BAKED IN AS AN INGREDIENT** (Breaded items dipped in milk)
___ Eggs by themselves ___ ALL FOODS CONTAINING EGG BAKED IN AS AN INGREDIENT** (Ex. Baked goods)
___ Soy as a main ingredient (Ex. Soy milk, edamame, soy sauce) ___ ALL FOODS CONTAINING SOY BAKED IN AS AN INGREDIENT** (Ex. Soy in processed foods)
___ Other: _____

If student must omit MILK or EGGS BAKED IN AS AN INGREDIENT, SOY BAKED IN AS A MINOR INGREDIENT, WHEAT, or HAS MULTIPLE FOOD ALLERGIES, we must provide them with the Allergen Free Prepackaged Meal in order to accommodate them to receive meals in the cafeteria.

All changes or updates to diet modifications must be provided in writing by a Licensed Physician.

6. Accommodations Needed:

___ Allergen Free Prepackaged Meals- Free of Gluten, Milk, Egg, All Nuts, Soy, Wheat, Fish, Shellfish (This menu is available upon request.)

___ Nut free foods ___ Seafood free foods ___ Soy Milk ___ Other _____

___ Dysphagia Meals- Only for students with a medical diagnosis of dysphagia

- ___ Pureed
___ Minced & Moist (Previously Mechanical Soft Chopped)
___ Soft & Bite-Sized (Previously Mechanical Soft)
___ Other: _____

Does student need thickener provided by nutrition services? [] Yes [] No

Please allow two (2) weeks for processing.

Name of Licensed Physician (print): _____

Physician's Signature: _____ Date: _____

Address: _____ Phone: _____

PLEASE RETURN TO SCHOOL NURSE

Questions? Contact Food Service Dietitian: Katie.Barckholtz@cfisd.net OFFICE: 281-517-2031 FAX: 281-897-4184

Updated 6/2018