

Annual Dietary Modification Request

Fax to: (806) 669-4909

- New Dietary Modification Request Change to Current Dietary Modification
 Dietary Modification Renewal Temporary Dietary Modification (start_____ end_____)

STUDENT INFORMATION

Date	<input type="text"/>	School	<input type="text"/>
Student's Name	<input type="text"/>	Student ID#	<input type="text"/>
Parent/Guardian's Name	<input type="text"/>	Date of Birth	<input type="text"/>
Street Address	<input type="text"/>	Phone Number	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>

For Physicians Use Only

Indicate student's disability or medical conditions (including allergies) requiring the student's need for a special diet.

Check major life activities affected by the student's disability or medical condition.

- | | | | | |
|--|-----------------------------------|--|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Caring for self | <input type="checkbox"/> Eating | <input type="checkbox"/> Performing manual tasks | <input type="checkbox"/> Walking | <input type="checkbox"/> Seeing |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Speaking | <input type="checkbox"/> Breathing | <input type="checkbox"/> Learning | <input type="checkbox"/> Working |
| <input type="checkbox"/> Other _____ | | | | |
| <input type="checkbox"/> Major bodily function (i.e. immune system, neurological, respiratory, circulatory, endocrine, & reproductive functions) | | | | |

Diet prescription (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Food allergy (please specify all) _____ | <input type="checkbox"/> Calorie level (attach meal plan) |
| <input type="checkbox"/> Diabetic (attach meal plan) | |
| <input type="checkbox"/> Other (describe) _____ | |

OMITTED FOODS/BEVERAGES

ALLOWED SUBSTITUTIONS

OMITTED FOODS/BEVERAGES	ALLOWED SUBSTITUTIONS

****If milk allergy listed above in the omitted box, please specify fluid milk substitution:**

*****If lactose intolerance, please specify one of the following:**

- No fluid milk only (may have cheese, yogurt, pudding, ice cream, etc.)
- No milk products (no fluid milk, yogurt, cheese pudding, ice cream, etc.)
- No milk products and no products prepared with milk (i.e. no breads, desserts, or other products containing milk)

Additional comments or instructions

Physician's Name (please print) _____

Office Phone _____

Physician's Signature **Date**

*** Please note: This statement must be updated annually or when there is a change or discontinuance of a diet order.**

United States Department of Agriculture
Food & Nutrition Service Instruction 783-2
7 CFR Part 15b

Section 504 of the *Rehabilitation Act of 1973* mandates that "no otherwise qualified individual with a disability shall solely by reason of his or her disability be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program (school) or activity receiving Federal financial assistance."

"Disabled person means 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.

"Physical or mental impairment" means (1) any physiological disorder or condition, cosmetic disfigurement or anatomical loss affecting one or more of the following body systems: Neurological, musculoskeletal, special sensory organs, respiratory, including speech organs, cardiovascular, reproductive, digestive, genitourinary, hemic, and lymphatic skin, and endocrine or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term "physical or mental impairment" includes, but is not limited to such diseases as orthopedic, visual, speech, and hearing impairments; cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, drug addiction, and alcoholism.

"Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

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