



MISSION CISD CHILD NUTRITION PROGRAM
SPECIAL DIETARY ORDER FORM 2017- 2018

To obtain this form visit www.mcisd.net

Students Legal Name (First, MI, Last): \_\_\_\_\_ Campus: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Student ID# \_\_\_\_\_ Grade: \_\_\_\_\_ Nurse: \_\_\_\_\_

Does the student have a Disability? [ ] Yes [ ] No Medical Diagnosis or Disability (must be filled in): \_\_\_\_\_
Under section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990, a "person with a disability" is any person who has a physical or mental impairment that substantially limits one or more life activities, has a record of such an impairment or is regarded as having such an impairment.

Describe the student's condition and the major life activity affected by the condition related to the need for dietary modification. \_\_\_\_\_
Please specify: \_\_\_\_\_

Food Intolerance(s)

Does the Student have a FOOD INTOLERANCE (i.e. lactose intolerance)? [ ] Yes [ ] No
\* If YES, then please select the appropriate substitution (s). Please note that Mission CISD can not substitute juice or bottled water for milk.
A cup can be provided to the student for drinking water from a campus fountain if requested.
[ ] Lactose Free Milk [ ] Soy Milk [ ] Almond Milk [ ] Other \_\_\_\_\_

Food Allergy(ies)

Does the student have a FOOD ALLERGY? [ ] Yes [ ] No
If yes, does the student need MEDICATION, i.e. Epi Pen, Benadryl, Prednisolone? [ ] Yes [ ] No

Please check all food groups that must be OMITTED:
[ ] Peanuts/Nuts [ ] Wheat (Note: includes many of our bread, baked, and breaded protein items) [ ] Other \_\_\_\_\_
[ ] Dairy (including Cheese) [ ] Soy (Note: most of our food items contain soy or soy oil)
[ ] Egg [ ] Fish

Please list foods to be substituted: \_\_\_\_\_

Texture Modification/Tube Feeds

Does the student require texture modification? If so please indicate below:
[ ] Ground [ ] Chopped [ ] Pureed [ ] Tube Feeding [ ] Other \_\_\_\_\_ Formula Name: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Diet Prescription

[ ] Diabetic (include an attached meal plan) [ ] Reduced Calories [ ] Increased Calories
Duration of special diet/restriction: \_\_\_\_\_ Weeks \_\_\_\_\_ Months \_\_\_\_\_ Until August 2018

Physician/Medical Authority:

I certify that the student noted above needs special school meals prepared as described above because of the student's disability or chronic medical condition.

Physician's Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

I give permission for the school staff to follow the above nutrition plan. I also understand that if my child's medical or health needs change, it is my responsibility to notify the school office and also have the medical authority complete a new Special Diet request form. I give permission to the District Dietitian and/or campus nurse to directly contact ordering physician regarding diet or medical condition noted.

Parent/Guardian Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax information to School Nurse: \_\_\_\_\_

It can take up to 2-3 days to implement. However, at the beginning of the school year the Special Diet Forms may take longer to process and implement due to the high number of requests that we receive during this time.

YEARLY RENEWAL REQUIRED

Date Received: \_\_\_\_\_ Date Implemented: \_\_\_\_\_ Order Modified: \_\_\_\_\_ Order Discontinued: \_\_\_\_\_

CNP Registered Dietitian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

USDA regulations require any substitutions or modifications to school meals for children whose disabilities restrict their diets to be supported by a statement signed by a licensed physician. The physician's statement must identify:

(1) The child's disability and an explanation of why the disability restricts the child's diet; (2) The major life activity affected by the disability;(3) The food or foods to be omitted from the child's diet.

PLEASE NOTE: Food allergy or food intolerance is not considered a disability under USDA's non-discrimination regulations unless, in the physician's assessment, the allergy may lead to severe, life-threatening reactions. Diet prescriptions from Mexico will not be accepted in accordance with USDA Child Nutrition Program Regulations.

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, D.C. 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 and employer.

Declaración de no discriminación: Esto explica lo que debe hacer si cree que ha sido tratado injustamente. El Departamento de Agricultura de EE.UU. prohíbe la discriminación en contra de sus clientes, empleados y solicitantes de empleo por motivos de raza, color, origen nacional, edad, discapacidad, sexo, identidad de género, religión, represalia, y donde se aplique, por creencias políticas, estado civil, condición familiar o situación de los padres, orientación sexual o si la totalidad o parte de los ingresos de un individuo son derivados de cualquier programa de asistencia pública, o información genética protegida en el empleo o en cualquier programa o actividad dirigida o financiada por el Departamento. (No todos los motivos que se prohíben se aplican a todos los programas y/o actividades de empleo.) Si desea presentar una queja de discriminación ante el programa de Derechos civiles, llene el formulario USDA Program Discrimination Complaint Form que se encuentra en línea en http://www.ascr.usda.gov/complaint\_filing\_cust.html, o en cualquier oficina del USDA, o llame al (866) 632-9992 para solicitar el formulario. También puede escribir una carta que incluya toda la información que le piden en el formulario. Envíenos el formulario de queja llenado o una carta por correo al U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, o por fax al (202) 690-7442 o por correo electrónico a program.intake@usda.gov. Las personas sordas, con problemas de audición o con discapacidad para hablar pueden comunicarse con el USDA usando el Servicio Federal de Retransmisión al (800) 877-8339; o al (800) 845-6136 (español). El USDA es un proveedor y empleador que ofrece igualdad de oportunidades.