## WESLACO INDEPENDENT SCHOOL DISTRICT Food & Nutrition Services Department 814 E. Plaza Weslaco, TX 78596 (956) 969-6593 Fax (956) 969-6596 SPECIAL DIET PRESCRIPTION FORM



Date Received:

Name of Student:	D.0	D.B.:	Grade:
School:	Теа	acher:	Classroom:
NOTE TO PARENTS/GUARDIANS: A solution I. Present this form signed by pa 2. Keep the diet prescription curr 3. To change a diet order, we mut	rent or legal guardian and b rent by submitting a new for	y prescribing physician (U.S. m at the beginning <u>of each s</u>	Physician only).
FOR PHYSICIAN, NURSE, OR MEDICAL	OFFICE STAFF:		
Student Medical Diagnosis/Condition:	Under section 504 of the Rehabilitation Act of 1973, the American with Disabilities Act (ADA) of 1990, and the ADA Amendments Act of 2008, a "person with a disability" is any person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment or is regarded as having such an impairment.		
	□ Working □	Seeing   Hearing Learning Performing m	□ Speaking □ Breathing nanual tasks Other:
Therapeutic Diet Prescription:		eck consistency requirements	
Food Intolerance:			
Food Allergen:			
	All Dairy Products including Student allowed Lactose Fre ding the Diet or Feeding: order without written phys	fluid milk, cheese, yogurt, m ee Milk sician consent?	
Printed Name of Physician		Signature of Physician	Date
Physician's address:		Phone #	Fax #
· · · · · · · · · · · · · · · · · · ·			Fax #
RELEASE OF INFORMATION: By signing below, I Print Name the diet recommended by the doctor. I also aut Food Service personnel.		t Name	bod Service Department personnel to serve my child between the physician and the school nurse and/or
Parent/Guardian Signature	Date	Home Phone#	Emergency Phone #
ril rights activity. (Not all prohibited bases apply to all programs.) Prog aille, large print, audictape, and American Sign Language) should con rivice at (800) 877-8339. To file a program discrimination complaint, a DA office, by calling (866) 632-9922, or by writing a letter addressed sistant Secretary for Civil Rights (ASCR) about the nature and date of <i>v</i> il Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-	ram information may be made available in languaga tact the responsible State or local Agency that adm complainant should complete a Form AD-3027, Ut o USDA. The letter must contain the complainant' an alleged civil rights violation. The completed AD 9410; or (2) fax: (833) 256-1665 or (202) 690-7442 Please fa	es other than English. Persons with disabilities who insters the program or USDA's TARGET Center at SDA Program Discrimination Complaint Form, which s name, address, telephone number, and a written d -3027 form or letter must be summited to USDA by: ; or (3) email: program.intake@usda.gov. This instit <b>x information to:</b>	
Attentio		ix # <u>(956) 969-6596</u> Telephone # E <b>NEWAL REQUIRED</b>	\$ <u>(956) 969-6593</u>

Date Received:

Dietitian's Signature:

FOR OFFICE USE ONLY: Nurse's Signature: