

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



Name of Student: _____ D.O.B.: _____ Grade: _____
School: _____ Teacher: _____ Classroom: _____

NOTE TO PARENTS/GUARDIANS: A students who need a special meal for Breakfast or Lunch must do the following:

1. Present this form signed by parent or legal guardian and by prescribing physician (U.S. Physician only).
2. Keep the diet prescription current by submitting a new form at the beginning of each school year.
3. To change a diet order, we must have written consent from the parent or legal guardian and consent from your physician.

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. Check major life activities affected: <input type="checkbox"/> Walking <input type="checkbox"/> Seeing <input type="checkbox"/> Hearing <input type="checkbox"/> Speaking <input type="checkbox"/> Breathing <input type="checkbox"/> Working <input type="checkbox"/> Learning <input type="checkbox"/> Performing manual tasks <input type="checkbox"/> Caring for self (including eating) <input type="checkbox"/> Other: _____
Therapeutic Diet Prescription:	Mechanically Altered. Check consistency requirements for food: <input type="checkbox"/> Soft <input type="checkbox"/> Chopped <input type="checkbox"/> Ground <input type="checkbox"/> Pureed

Food Intolerance: _____

Food Allergen: _____

Anaphylactic Reaction: YES NO

If student has life threatening allergies, check appropriate box(es) identify nature of the reaction:

Ingestion Contact Airborne/Inhalation

Milk Allergy/Intolerance (Please indicate level of milk restriction):

- Milk to drink All Dairy Products including fluid milk, cheese, yogurt, margarine, dressings and baked goods
 Student allowed Soy Milk Student allowed Lactose Free Milk

Other information/instructions regarding the Diet or Feeding: _____

Is parent allowed to discontinue diet order without written physician consent? YES NO

Duration of time for diet: _____ Weeks _____ Months _____ **Until July 2022** (New prescription required the start of each school year)

Printed Name of Physician	Signature of Physician	Date
Physician's address: _____	Phone # _____	Fax # _____

RELEASE OF INFORMATION:

By signing below, I _____, parent of _____ authorize the Food Service Department personnel to serve my child the diet recommended by the doctor. I also authorize the release of information concerning this special diet request between the physician and the school nurse and/or Food Service personnel.

Parent/Guardian Signature	Date	Home Phone#	Emergency Phone #
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"In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.) Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, and American Sign Language) should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form, which can be obtained online, at <https://www.ocio.usda.gov/document/ad-3027>, from USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or (2) fax: (833) 256-1665 or (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider."

Please fax information to:

Attention: Mrs. Laura Jimenez Garza Fax # (956) 969-6596 Telephone # (956) 969-6593

YEARLY RENEWAL REQUIRED

FOR OFFICE USE ONLY: Nurse's Signature: _____ Date Received: _____ Dietitian's Signature: _____ Date Received: _____