

**Henrietta ISD Health Services
Physician Authorization for Diet Modifications**

Campus:

20__-20__

The U.S. Department of Agriculture School Meals Program requires that your child's physician answer all questions in order for any diet modifications to be made in school meals.

STUDENT	DOB	CAMPUS/GRADE/HR
List any disability/diagnosis requiring meal modification		
Life-threatening food allergy if applicable: (check foods to omit)	<input type="checkbox"/> fluid milk <input type="checkbox"/> peanuts <input type="checkbox"/> tree nuts <input type="checkbox"/> eggs <input type="checkbox"/> fish <input type="checkbox"/> shellfish <input type="checkbox"/> wheat <input type="checkbox"/> soy <input type="checkbox"/> other, specify: _____	
Can the student consume foods where the allergen is an ingredient in the food product/recipe?	<input type="checkbox"/> yes <input type="checkbox"/> no Explain: _____	
Foods not allowed(specify):		
Major life activity affected by the disability, if applicable	<input type="checkbox"/> learning <input type="checkbox"/> performing manual tasks <input type="checkbox"/> speaking <input type="checkbox"/> breathing <input type="checkbox"/> hearing <input type="checkbox"/> seeing <input type="checkbox"/> other, specify: _____	
Other instructions:		

Physician (print name)	Phone
Physician Signature	Date

<p>Please return completed form to the campus nurse or fax to : Brittanie Brown HISD Food Services Director 940.538.7515</p>
