



Smyrna School District
Child Nutrition Program

Request for Diet Modification
Annual Medical Statement

School Year: _____

- ☐ Initial Diet Order
☐ Revised/Updated Diet Order

Part A Parent/Guardian: Complete Items 1-13 (*Padre/madre/tutor: complete la información en los espacios 1 al 13*)

1) Student's Last Name (*Apellido*)

2) Student's First Name (*Nombre del estudiante*)

3) Student ID # (*Numero de estudiante*)

4) Date of Birth MM/DD/YYYY (*Fecha de nacimiento*)

5) School (*Escuela*)

6) Grade (*Grado*)

Parent/Guardian Name & Contact Information (*Nombre & Información del contacto*)

7) Name (*Nombre*)

8) Phone Number (*Teléfono*)

9) Mailing Address, City, State, Zip (*Dirección postal, ciudad, estado, código postal*)

10) E-Mail Address (*Dirección electrónica*)

11) Meals Eaten at School (*Los alimentos que su niño(a) consumirá en la escuela*)

- ☐ Breakfast (*Desayuno*) ☐ Lunch (*Almuerzo*) ☐ CACFP ☐ None (*Nada*)

12) I consent to the exchange of information between the physician and school district, as needed.

(*Doy mi consentimiento para que la información sea intercambiada entre el médico y la escuela, según sea necesario*)

Parent/Guardian Signature (required for processing) (*Firme del padre/madre/tutor—requerido para ser procesado*)

Date (*Fecha*)

13) It is **REQUIRED** that this completed form is returned to the School Nurse who will share information with the Nutrition Department. All further changes to the student's diet must be made by a physician on a new form with the exception of lactose intolerance or cultural preference. The cafeteria manager will add the alert to the cashier system & return the form to the District FNS Office for consideration. By signing above I give Child Nutrition Services permission to speak with the Licensed Medical Doctor (MD) or recognized Medical Authority signing the Diet Order Form to discuss the student's dietary needs described in this form. (*Se REQUIERE que se devuelva la forma debidamente completada al gerente de la cafetería. Cualquier cambio en la dieta del estudiante debe ser hecho por un médico en una nueva forma, a excepción de la intolerancia a lactosa o preferencias culturales. El gerente de la cafetería añadirá un alerta en el Sistema de cajeros y decolgará la forma a las oficinas de Alimentos y Nutrición del Distrito.*)

Part B Completed by the Physician Only: Complete Items 14-19 (*14-19 Esta sección para ser completada por el médico solamente.*)

14) Student Diagnosis or Condition (Select One)

- ☐ Food Intolerance ☐ Food Allergy ☐ Life Threatening Food Allergy*
☐ Other _____

***Students with life threatening food allergies must have an emergency action plan in place at school.**

15) Food Texture Modification (if medically needed check ONE)

- ☐ Pureed ☐ Ground ☐ Chopped

Foods that need change in texture: _____

16) List any special equipment or utensils needed:

17) Please check all food(s) to exclude from student's diet during the school day (not to be used as a medical history):

DAIRY

- ☐ Fluid Milk Only
☐ Cheese
☐ Ice Cream
☐ Yogurt
☐ All Milk Ingredients

SOY

- ☐ Soy Protein Only
☐ Soybean Oil
☐ Soy Lecithin

WHEAT & GLUTEN

- ☐ Wheat
☐ Gluten

FISH

- ☐ Fish
☐ Shellfish

PEANUTS OR TREE NUTS

- ☐ Peanuts
☐ Tree Nuts

EGG

- ☐ Whole Eggs Only (such as scrambled eggs or hard cooked eggs)
☐ All Egg Ingredients

CORN

- ☐ Whole Corn (such as corn kernels, tortilla chips, corn muffin)
☐ Recipes With Corn/Corn By-Product Ingredients

SESAME

- ☐ Sesame Seeds
☐ Sesame Oil

OTHER

(Specify if it is a cooked ingredient or when consumed fresh)

18) List any other comments relevant to student's eating or feeding patterns:

19) **Licensed Physician's Information** Diet Order Form will be returned to parent/guardian and NO accommodations will be made if this section is not filled in its entirety.

Medical Authority Signature

X

Date

Medical Authority Printed Name

Office Phone Number

Part C Child Nutrition Official: Complete Item 20 (Oficial de Nutrición Infantil: Completa el artículo 20)

20)

Child Nutrition Program Official's Signature

X

Date

Please contact the Smyrna School District Child Nutrition Office if you have any questions about completing this form.

Office: (302) 653-3134

Fax: (302) 653-2767

Crystal Cahall, Operations Specialist

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or

Kristen Kahl, Child Nutrition Supervisor

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[AD-3027](#), found online at How to File a Program Discrimination Complaint and at any USDA office

or write a letter addressed to USDA and provide in the letter all of the information requested in the form.

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1. **Mail:** U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C.

20250-9410; or

1. **Fax:** (202) 690-7442; or
2. **Email:** program.intake@usda.gov.

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