Weimar ISD Nutrition and Food Service Department Theresa Rerich, Food Service Director
Telephone (979) 725-9504 Fax (979) 725-9765

FAX TO: (979) 725-9765 ATTENTION: FOOD SERVICE DIRECTOR

PHYSICIAN'S DIET MODIFICATIONS

The U.S. Department of Agriculture School Meals Program requires that ALL QUESTIONS BE ANSWERED in order for ANY diet modification or substitution to be made in school meals.

Parent/Guardian Name _____ Student Name _____
Campus Name _____ Date of Birth _____
As parent or guardian, I give **permission for Weimar ISD to contact the Physician's office** regarding my child's dietary needs. _____ (Signature)

PART A- STUDENT WITH
LIFE THREATENING FOOD ALLERGIES ONLY COMPLETE THIS PART

(If there is NO LIFE THREATENING FOOD ALLERGY, SKIP THIS SECTION, and GO TO PART B on the back of page)

PHYSICIAN'S STATEMENT Date _____

I _____, (physician) declare the child listed above to posses the following
Physician's Name (please PRINT)
LIFE THREATENING FOOD ALLERGY.

1. **Life threatening food allergy – Omit these foods:**
   _____ fluid milk _____ peanuts _____ tree nuts _____ eggs _____ fish _____ shellfish _____ wheat _____soy
2. **Can the student consume foods where the allergen is an ingredient in the food product? _____ Yes _____ No**
   (Example: scrambled eggs are omitted but egg as an ingredient in pancakes is allowed)
   Explain_____
3. **Other life threatening food allergies (list all) – Omit these foods: ☐ See attached**
   _____
4. **Explanation of why this disability restricts diet:** _____
5. **Major life activity affected by the life threatening food allergy (check all that apply):**
   _____ eating _____ caring for one's self _____ performing manual tasks _____walking _____ seeing
   _____ hearing _____ speaking _____ breathing _____ learning
6. **Foods to Substitute (NOTE: *Weimar ISD cannot honor this document unless substitutions are listed below.*)**

_____

_____ _____
Physician's Signature Date

_____ _____
Telephone Clinic/Facility Name & Address

12/2010

Weimar ISD Nutrition and Food Service Department Theresa Rerich, Food Service Director
Telephone (979) 725-6009 Fax (979) 725-9527

FAX TO: (979) 725-9527 ATTENTION: FOOD SERVICE DIRECTOR

PHYSICIAN'S DIET MODIFICATIONS

The U.S. Department of Agriculture School Meals Program requires that ALL QUESTIONS BE ANSWERED in order for ANY diet modification or substitution to be made in school meals.

Parent/Guardian Name _____ Student Name _____
Campus Name _____ Date of Birth _____
As parent or guardian, I give **permission for Weimar ISD to contact the Physician's office** regarding my child's dietary needs. _____ (Signature)

PART B- STUDENT WITH DISABILITIES COMPLETE THIS

PHYSICIAN'S STATEMENT Date _____

I _____, (physician) declare the child listed above to posses the following
Physician's Name (please PRINT)
DISABILITIES.

1. **List any disability requiring meal modification: _____**
2. **Explanation of why this disability restricts diet: _____**
3. **Major life activity affected by the DISABILITY (check all that apply):**
   (*Weimar ISD cannot honor this document unless at least one life activity is marked*.)
   _____ eating _____ caring for one's self _____ performing manual tasks _____walking _____ seeing
   _____ hearing _____ speaking _____ breathing _____ learning _____ other, specify _____
4. **Foods to Omit:**

_____
_____

5. **Food to Substitute (NOTE: *Weimar ISD cannot honor this document unless substitutions are listed below*.)**

_____
_____
_____

_____ _____
Physician's Signature Date

_____ _____
Telephone Clinic/Facility Name & Address

12/2010