



DIET ORDER FORM

Annual Medical Statement for Students with Special Nutritional Needs for School Meals

This form gives Child Nutrition Services the information required for meal modifications at school

Steps to Complete Diet Order Form

1. Parent/Guardian, complete Part A. Sign and date form (required for processing).
2. Medical Authority, complete Part B. Print name, sign and date form; stamp form with medical office stamp (required for processing).
3. Mail or Fax completed Form to CMS Child Nutrition Services.
4. Child Nutrition Services will complete Part C and forward processed form to the student's school cafeteria.
5. **Incomplete form will be returned to parent/guardian.**

PART A. To be completed by Parent / Guardian

STUDENT INFORMATION

Student ID Number Diet Order for School Year
 20 - **20**

Last, First, MI

Date of Birth School Attended Grade

PARENT / GUARDIAN INFORMATION

First, Last Day Time Phone Number

Mailing Address, City, State, Zip

E-mail Address

- | | | |
|---|---|--|
| Which meals provided by the School Cafeteria will the student eat?
<input type="checkbox"/> Breakfast
<input type="checkbox"/> Lunch
<input type="checkbox"/> Snack | Does the student have an identified disability (IEP or 504 Plan)?
<input type="checkbox"/> Yes
<input type="checkbox"/> No | My child has a special diet and will NOT eat food from CMS cafeteria.
<input type="checkbox"/> |
|---|---|--|

Parent / Guardian Signature (required for processing) Date

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 Part B of this form.

- CMS Cafeterias do not serve peanuts or products containing peanuts; therefore, a diet order form only specifying a peanut allergy is not needed.
- Monthly menu with carbohydrate content in grams and major food allergens is posted at <http://www.cms.k12.nc.us/cmsdepartments/cns>. A completed Diet Order Form is not required if above information is sufficient for parent/guardian to manage a student's diet at school.
- This form must be completed at the start of each school year and each time student's diagnosis or change of treatment is indicated during the school year. Annual completion of this form by the student's medical authority ensures that current nutritional needs are being met at school.

PART C. To be completed by Child Nutrition Services

PART B. To be completed by Licensed Physician

- Initial Diet Order for School Year ____ - 20 ____
 Revision to Diet Order Form submitted for school year _____

STUDENT DIAGNOSIS OR CONDITION

- Food Intolerance
 Food Allergy
 Life Threatening Food Allergy. Students with life threatening food allergies must have an emergency action plan in place at school.
 Check appropriate box: Ingestion Contact Inhalation
 Disability (Specify) _____
 Describe major life activities affected _____
 Other (Specify) _____

FOOD TEXTURE MODIFICATION

If needed check ONE: Pureed Ground Chopped

FOOD(S) THAT SHOULD BE AVOIDED

Check all that apply:

DAIRY

- Fluid Milk. Please serve lactose-free milk or juice instead
 Cheese and recipes with cheese listed as an ingredient
 Ice Cream
 Yogurt
 Recipes with any dairy listed as an ingredient

EGG

- Whole eggs such as scrambled eggs or hard cooked eggs
 Recipes with any egg listed as an ingredient

WHEAT

- Recipes with any wheat listed as an ingredient

FISH OR SHELLFISH

- Specific fish of seafood type _____

TREE NUTS

- Food products identified as manufactured in a plant that also handles tree nuts

CORN

- Whole corn such as corn kernels, tortilla chips, corn muffin
 Recipes with corn / corn products listed as an ingredient

OTHER

- Other, specify if it is a cooked ingredient or when consumed fresh or raw _____

LICENSED PHYSICIAN'S INFORMATION — Diet Order Form will be returned to parent / guardian and NO accommodations will be made if this section is not complete.

Medical Authority Signature Medical Authority Printed Name Date

Medical Office Stamp (Required for processing)

MAIL OF FAX FORM TO:

**Charlotte Mecklenburg Schools
 Child Nutrition Services**

PO Box 668847
 Charlotte, NC 28266

Phone (980) 343-6041
 Fax (980) 343-6045

Office Phone Number if not in the stamp Fax Number