



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, fax, or email form to: CMS Child Nutrition Services
 PO Box 668847
 Charlotte, NC 28266
 Phone (980) 343-6041 Fax (980) 343-6045
 specialdiets@cms.k12.nc.us
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 _____
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Last, First, MI _____

Date of Birth _____ School Attended _____ Grade _____

PARENT / GUARDIAN INFORMATION

First, Last _____ Daytime Phone Number _____

Mailing Address, City, State, Zip _____

E-mail Address _____

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

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, gender (male or female), age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

Created by Child Nutrition Services on 8/17/2015

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. Substitute with lactose-free milk or juice
 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 or 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 _____

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 _____ Date _____

Medical Authority Printed Name _____

Medical Office Stamp (Required for processing)

Office Phone Number if not in the stamp _____ Fax Number _____

DO NOT WRITE IN THIS AREA
4473536721