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, 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 20 ___ -20 ___

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?

- ☐ Breakfast
- ☐ Lunch
- ☐ Snack

Does the student have an identified disability (IEP or 504 Plan)?

- ☐ Yes
- ☐ No

My child has a special diet and will NOT eat food from CMS cafeteria. ☐

Parent / Guardian Signature (required for processing) X

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 Threating 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 X

Date

Medical Authority Printed Name

Medical Office Stamp (Required for processing)

Office Phone Number if not in the stamp

Fax Number

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Created by Child Nutrition Services on 8/17/2015

DO NOT WRITE IN THIS AREA

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