The U.S. Department of Agriculture School Meals Program requires that your child’s physician answer all questions in order for any diet modifications to be made in school meals.

<table>
<thead>
<tr>
<th>STUDENT</th>
<th>DOB</th>
<th>CAMPUS/GRADE/HR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**List any disability/diagnosis requiring meal modification**

**Life-threatening food allergy if applicable: (check foods to omit)**
- [ ] fluid milk
- [ ] peanuts
- [ ] tree nuts
- [ ] eggs
- [ ] fish
- [ ] shellfish
- [ ] wheat
- [ ] soy
- [ ] other, specify:______________________________________________

**Can the student consume foods where the allergen is an ingredient in the food product/recipe?**
- [ ] yes
- [ ] no

**Explain:**

Foods not allowed(specific):

**Major life activity affected by the disability, if applicable**
- [ ] learning
- [ ] performing manual tasks
- [ ] speaking
- [ ] breathing
- [ ] hearing
- [ ] seeing
- [ ] other, specify:__________________________________________

**Other instructions:**

<table>
<thead>
<tr>
<th>Physician (print name)</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physician Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please return completed form to the campus nurse or fax to:

Brittanie Brown, HISD Food Services Director

940.538.7515