

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 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 forward processed form to the student's school cafeteria.
 5. **Incomplete form will be returned to parent/guardian.**
- 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 A. To be completed by Parent / Guardian

STUDENT INFORMATION

Student ID Number	Last, First, MI	Date of Birth	Current School	Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PARENT / GUARDIAN INFORMATION

First, Last	Daytime Phone Number	Mailing Address, City, State, Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>

E-mail Address (We will use this to send acknowledgement and details of your child's menu plan. PRINT NEATLY)

DIET ORDER FOR SCHOOL YEAR

20 - 20

Initial Diet Order
 Revision to Diet Order

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.

By signing here 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.

Parent / Guardian Signature (required for processing) _____ Date

PART B. To be completed by Licensed Physician

STUDENT DIAGNOSIS OR CONDITION *Students with life threatening food allergies must have an emergency action plan in place at school.

Food Intolerance Food Allergy *Life Threatening Food Allergy - 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)

<p>DAIRY</p> <p><input type="checkbox"/> Fluid Milk. Substitute with <input type="checkbox"/> lactose-free milk <input type="checkbox"/> juice <input type="checkbox"/> water</p> <p><input type="checkbox"/> Cheese and recipes with cheese listed as an ingredient</p> <p><input type="checkbox"/> Ice Cream</p> <p><input type="checkbox"/> Yogurt</p> <p><input type="checkbox"/> Recipes with any dairy listed as an ingredient</p> <p>EGG</p> <p><input type="checkbox"/> Whole eggs such as scrambled eggs or hard cooked eggs</p> <p><input type="checkbox"/> Recipes with any egg listed as an ingredient</p> <p>WHEAT / GLUTEN</p> <p><input type="checkbox"/> Recipes with any wheat listed as an ingredient</p> <p>FISH OR SHELLFISH</p> <p><input type="checkbox"/> Fish</p> <p><input type="checkbox"/> Shellfish (CMS cafeterias do not serve shellfish)</p>	<p>TREE NUTS (CMS cafeterias do not serve tree nuts)</p> <p><input type="checkbox"/> Food products identified as manufactured in a plant that also handles tree nuts</p> <p>PEANUTS (CMS cafeterias do not serve peanuts or products processed in a peanut facility)</p> <p><input type="checkbox"/> Peanuts - Diet order form is not required for peanut only allergy.</p> <p>CORN</p> <p><input type="checkbox"/> Whole corn such as corn kernels, tortilla chips, corn muffin</p> <p><input type="checkbox"/> Recipes with corn / corn products listed as an ingredient</p> <p>SOY</p> <p><input type="checkbox"/> Soy Lecithin</p> <p><input type="checkbox"/> Soy Protein (concentrate, hydrolyzed, isolate)</p> <p><input type="checkbox"/> Recipes with any soy listed as an ingredient</p> <p>OTHER</p> <p><input type="checkbox"/> Other, specify if it is a cooked ingredient or when consumed fresh</p> <p>_____</p>
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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 Office Stamp (Required for processing)	Office Phone Number if not in the stamp	Medical Authority Signature	Date
<input type="text"/>	<input type="text"/>	<input checked="" type="text"/>	<input type="text"/>
	Fax Number	Medical Authority Printed Name	
	<input type="text"/>	<input type="text"/>	