



**DIET ORDER for Special Nutritional Needs
Annual Medical Statement for Students**

Part I (to be filled out completely by parent or guardian)

Name of Student (Last) _____ (First) _____ (MI) _____
Date of Birth ____/____/____ Age _____ Student ID # _____

School Attended by Student _____ Grade: ____ School Year: 20__ to 20__

Will student eat Breakfast at School? Yes No Lunch at School? Yes No

Is student in Before School Program? Yes No After School Program? Yes No

Parent/Guardian _____ Email _____

Parent/Guardian's day time phone number () _____ - _____

Mailing Address _____ City _____ State _____ Zip _____

Does the child have an identified disability? Yes No

If yes, please describe the major life activities affected by the disability: _____

If the child has a disability, Part II must be completed and signed by a licensed physician.

I give Nutrition Services permission to speak with the below named physician or Authorized Medical Authority to discuss the dietary needs described below. _____

Parent/guardian's signature and date

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Part II (to be filled out only by a Licensed Medical Doctor (MD) or Recognized Medical Authority treating the student)

MD Indicate dietary modification the student needs and specify what changes need to be made:

Lactose Intolerance or Dairy Allergy : No milk to drink Avoid all dairy products Juice in place of milk@meals

Food Allergies: Check appropriate box(es): ingestion contact inhalation

wheat soy nuts fish eggs(indicate whole eggs or eggs as an ingredient)

Other _____

Texture Modification: pureed ground chopped

*Information regarding the major allergens (Soy, wheat, Dairy, Eggs, Fish, Nuts) and carbohydrate counts are available on line at www.cms.k12.nc.us. Peanuts and Shellfish are not served in CMS cafeterias. Diet Order form is not required if this information suffices for parent to manage student's diet.

MD Name _____
MD Signature _____
Phone _____
Fax _____ Date _____
Send completed form to Charlotte-Mecklenburg Schools
Child Nutrition Services, 3301 Stafford Drive
Charlotte NC, 28208 ph: 980-343-6041 fax: 980-343-6045

Medical Office Stamp:

Part III (Child Nutrition to complete)

CMS Child Nutrition Services Notes:

CMS RD/DTR Signature _____ Date _____

