Henrietta ISD Health Services
Physician Authorization for Diet Modifications

Campus: 20__-20__

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.

STUDENT	**DOB**	**CAMPUS/GRADE/HR**

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(specify):	
Major life activity affected by the disability, if applicable	☐learning ☐performing manual tasks ☐speaking ☐breathing ☐hearing ☐seeing ☐other, specify: _____
Other instructions:	

Physician (print name)	Phone
Physician Signature	Date

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

Brittanie Brown, HISD Food Services Director

940.538.7515