

WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT
Food Services Department
750 Bissell Ave, Richmond CA 94801
Tel (510) 307-4580 Fax: (510) 233-1805

2017

Nombre del Padre, Madre o Tutor	PHONE NUMBER/Número de Teléfono ()
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MEDICAL AUTHORITY PLEASE COMPLETE IN FULL:

Esta porción tiene que ser completada por el Médico o Persona Autorizada:

FOOD ALLERGY or CHRONIC DISEASE:

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DIET PRESCRIPTION and TEXTURE MODIFICATION:

(Please describe in detail to assure proper implementation)

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REGULAR CHOPPED GROUND PUREED

FOODS OMITTED AND SUBSTITUTIONS:

(Please list specific foods to be omitted and suggest substitutions. You may use the back of this form or attach additional information.)

FOODS TO BE OMITTED

Reconocido" incluye a enfermeras co