



- Parent/Guardian, complete Part A. Sign and date form (required for processing).
- Medical Authority, complete Part B. Print name, sign and date form; stamp form with medical office stamp (required for processing).
  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.

	Mailing Address, City, State, Zip		
	*Students with life threatening feed	allergies must have an emergency action plan in p	lace at cahool
☐ Food Intolerance ☐ Food Allergy	*Life Threatening Food Allergy - Check	k appropriate box: Ingestion Contact	Inhalation
☐ Disability (Specify)	0 05	Describe major life activities affected	Daytime Phone Number
Other (Specify)			
ical Office Stamp (Required for processing)	Office Phone Number if not in the stan	nn	
ical Office Staffip (Medallea for brocessilid)	Office Friotie Nutriber if flot in the Stan	ıı <del>b</del>	
	F. Noveler	And the Anthors to Date 120	
	Fax Number	Medical Authority Printed Name	
In accordance with Federal Law and U.S. De			

