



Special Diet Form

New Change/Modify Temporary (End Date: _____)

STUDENT INFORMATION

First Name: _____ Last Name: _____ Today's Date: _____
Student ID Number: _____ Age: _____ Male / Female Date of Birth: ____/____/____
School: _____ Grade: _____ Teacher: _____
Parent/Guardian Name: _____ Phone: _____ Email: _____

MEDICAL INFORMATION

Per the United States Department of Agriculture, a person with a disability is any such person who has an impairment that substantially limits one or more major life activities.

By definition this includes but is not limited to diabetes, PKU, celiac disease, food anaphylaxis, learning disabilities, and etc.

THIS SECTION MUST BE COMPLETED BY A LICENSED MEDICAL PROFESSIONAL

Student's Diet Restriction(s): _____

Please describe major life activities affected in relation to dietary modification: _____

Texture Modification: Ground. Chopped. Pureed. Other (please be specific): _____

Tube Feedings: Formula Name: _____ Instructions: _____ Oral? YES No

Nutrient Modification: Increase Calories _____ Decrease Calories _____ Nutrient Restriction: _____

Omit Foods: _____ Substitute with: _____

Does patient have a life threatening food allergy? Yes No

Food Allergies (circle all that apply):

Fluid Milk All Dairy Products Soy Eggs All Products with Eggs

Wheat Gluten Corn All Corn Additives Seafood

Peanuts All Nuts All Foods Produced in Facility With Nut Products

Can patient consume allergen as an ingredient in food product? YES NO

If Medication is required, please complete a Food Allergy Action Plan.

Licensed Medical Professional: _____ Phone (____) _____ Work(____) _____

Licensed Medical Professional: _____ Date: _____

Any change of treatment must be requested in writing on this form. Once form is submitted, please allow up to five days for processing. to renew this form anytime my child's medical or health needs change.

By signing below, I understand that it is my responsibility to renew this form anytime my child's medical or health needs change

Parent Signature: _____ Date: _____