Elem. School Phone: 586-7577 Fax: 586-8239
Middle School Phone: 586-7561 Fax:582-8452
High School Phone: 582-2158 Fax: 586-9297

Diet Modification for Meals at School

Student's Name _____ Date of Birth _____ Age _____

Name of School _____ Grade _____

Section A: To be completed by the child's Physician (if describing a disability) or a licensed health care provider.

Does the child have disability? ❑ Yes ❑ No

If Yes, describe the major life activity affected by the disability _____

Does the child have a non-disabling medical condition? ❑ Yes ❑ No

If Yes, describe the medical condition _____

Does the child have special nutritional or feeding needs? ❑ Yes ❑ No

If Yes, describe the specific need _____

If you answered YES to any of the questions above, complete the following and return to school's Site Head Cook.

Section B: Diet Prescription- please attach additional instructions if necessary.
(To be completed by the child's Physician or a licensed health care provider)

If foods are listed to omit from the diet, foods to substitute **must** be provided.

Foods to Omit:	**Foods to Substitute:**
_____	_____
_____	_____
_____	_____

I certify that the above named student needs special school meals prepared or served as described above because of the student's disability or chronic medical condition.

_____ _____
Physician or licensed health care provider Signature Date Signed

_____ _____ _____
Name (Print or Type) Office Phone FAX

Section C: Parent Responsibility and Consent

I understand that if my child's medical or health needs change, it is my responsibility to notify Child Nutrition Services and have a new Diet Prescription for Meals at School form completed.

I give Child Nutrition Services permission to speak with the above Physician or Authorized Medical Authority to discuss the dietary needs describe above.

_____ _____ _____
Parent/Guardian Signature Home/Cell Number Date Signed

School Use Only – Site Head Cook _____(Intl/Date Rec'd) School Nurse_____(Intl/Date Rec'd) Teacher _____(Intl/Date Rec'd)