

Special Diet Order

Annual Medical Statement for Students with Special Nutritional Needs
 Incomplete forms cannot be processed and will be returned

Part A: Student information to be filled out completely by parent/guardian (please print)

Student Name (Last) _____ (First) _____ (MI) _____

Date of Birth _____ Age _____ Student ID# _____

School _____ Grade _____

Will student eat School Meals? Yes No If Yes, select which meals below:

School Breakfast? Yes No School Lunch? Yes No Afterschool Snack/Supper? Yes No

Parent/Guardian Name _____ Email _____

Complete Mailing Address _____
Street City State Zip

Daytime Phone Number(s) 1) _____ 2) _____

I consent to the exchange of information between the Healthcare Provider and district personnel as needed.

Parent/Guardian Signature _____ Date _____

Part B: To be completed by Authorized Medical Authority ONLY (Physician, Physician Assistant or Nurse Practitioner)

Food Intolerance Food Allergy Life-Threatening Food Allergy: Student has Epi-pen/equivalent Yes No

Please check **foods to be omitted** at school due to above condition:

DAIRY

- Fluid Milk: Offer: Water Juice Milk Substitute
- Cheese & Recipes containing Cheese
- Ice Cream Yogurt
- Items with ANY DAIRY listed

PEANUTS ALL TREE NUTS, or List: _____

SOY: SOY PROTEIN SOY LECITHIN Items with ANY SOY listed

FISH SHELLFISH

- EGG:** Whole Eggs such as scrambled eggs or egg patty
 Any item listing egg, including baked goods

OTHER (Please be detailed) _____

- WHEAT:** Items listing WHEAT as ingredient
 Items listing Gluten-containing ingredients
 (wheat, barley, rye, triticale)

Other Diagnosis or Condition _____

Food Texture Modifications: If needed check ONE Pureed Ground Chopped

Other Nutrition Requirements due to diagnosis (be detailed) _____

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 Healthcare Provider Printed Name

x _____
 Healthcare Provider Signature & Date

Medical Office Stamp (Required for processing)
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Completed forms may be scanned and emailed to childnutrition@iss.k12.nc.us
 Faxed to 704.528.7534, delivered to school cafeteria or mailed/delivered to:
 Iredell-Statesville Schools Child Nutrition, 350 Old Murdock Rd, Troutman, NC 28166

Date Rcvd _____

CN Notes _____
