

Kenton County Schools Special Diet Card

Part A.

Student's Name	DOB	
School	Date:	
Does the child have a disability? If Yes, describe the major life activities affected by the disability.	☐ Yes	☐ No
Does the child have special nutritional or feeding needs? If Yes, complete Part B of this form.	☐ Yes	☐ No
If the child is not disabled, does the child have special nutritional or feeding needs? If yes, complete Part B.	☐ Yes	☐ No

Part B.

List any dietary restrictions or special diet:	
List any allergies or food intolerances	
List foods to be substituted	
List foods that need the following change in texture. If all foods need to be prepared in this manner, indicate "All." Chopped: Finely Ground: Pureed/Blended:	
List any special equipment or utensils that are needed	
Other diet modifications	
Feeding Techniques	
Supplemental Feedings	
Indicate any other comments about the child's eating/feeding patterns	
Parent's Signature & Contact Information:	Date:
Physician's Signature* & Contact Information:	Date:

*Physician OR a licensed health care professional who is authorized to write medical prescriptions under State law.