

Food Service Forms**Special Dietary Needs**

Student's Name _____

School Name _____

Students' Age _____ Grade Level _____ Classroom _____

Does the student have a disability? Yes No

If Yes, describe the major life activities affected by the disability.

If Yes, does the student have special nutritional or feeding needs? Yes No

If Yes, complete this form and have it signed by a physician.

If the student is not disabled, does he/she have special nutritional or feeding needs? Yes No

If Yes, complete this form and have it signed by the appropriate medical authority.

If the student does not require special meal considerations and is able to eat a regular diet, the parent can sign at the bottom and return the form to the school food service.

List any dietary restrictions or special diet.

List any allergies or food intolerances to avoid.

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".

Cut up or chopped to bite size pieces:

Finely ground:

Pureed:

List special equipment or utensils needed.

Indicate any other comments regarding the student's eating or feeding patterns.

Parent's Signature_____
Date_____
Physician's or Medical Authority's Signature_____
Date

Review/Revised:8/26/2002