



**SPECIAL DIETARY NEEDS FORM**

Duneland School Corporation participates in a federally funded Child Nutrition Program and any meals and/or milk served must meet program requirements. Reasonable meal accommodations are made when the request is due to a disability or impairment. If you are requesting a meal accommodation or substitution, please have this form completed and signed by a Healthcare Practitioner (MD, DO, or NP) as well as a parent/guardian.

If you have any questions, please contact Tammy Watkins, Child Nutrition Director for the Duneland School Corporation at 219-983-3700 x 6162 or by email at [Twatkins@duneland.k12.in.us](mailto:Twatkins@duneland.k12.in.us). **Please return completed forms to the school nurse.**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

To be completed by the physician:

FOOD(S) TO OMIT	FOOD(S) TO SUBSTITUTE

\_\_\_\_\_  
 Healthcare Practitioner Name (Please Print)

\_\_\_\_\_  
 Healthcare Practitioner Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Office Telephone Number

\_\_\_\_\_  
 Office Fax Number

\_\_\_\_\_  
 Parent/Guardian Name (Please Print)

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date