

Fargo Public Schools
Nutrition Services Department
Special Menu Medical Requirement Form

USDA regulations require that this form be filled out completely and signed by a medical professional if you are requesting a diet modification. If the diet order we have on file changes at any point during the students time at FPS a new form must be filled out.

Student Name: _____

DOB: _____

School Name: _____

Physician Name: _____

Medical Facility: _____

Telephone: _____

Parent/Guardian

Name: _____

Parent/Guardian

Phone: _____

If you have any questions, please contact:
Kyla Zach 701-446-1153

Please return this form to one of the three options below:
1. Kyla Zach
Operations Center
3901 40th Ave S.
Fargo, ND 58104
2. Email: zachk@fargo.k12.nd.us
3. Fax: 701-446-1155

Diagnosis (i.e. food allergy or chronic disease or disability)
If a disability, describe what modifications are needed
Omitted Foods
Suggested Substitutes

Physician's Signature: _____

Date: _____