



SPECIAL DIET REQUEST

TAYLOR COUNTY SCHOOLS

A Special Diet Request form is to be submitted to Taylor County Schools Food Service before any meal substitutions can be made. The parent/guardian will complete Part 1 and a physician will complete Part II.

Part 1 - to be completed by the parent/guardian

Student Name _____

School _____

Grade _____ DOB _____

Does this student have an IEP with a nutrition component requiring meal modifications?

Yes

No

Does this student have a 504 Accommodation Plan recommending meal modifications?

Yes

No

Does this student have any life threatening food allergies?

Yes

No

Signature of Parent/Guardian _____

Cell Phone _____

My signature gives TCS personnel permission to follow the diet recommended by my child's physician - see below.

Part 2 - to be completed by a licensed physician

Identify & describe the disability/medical condition, including allergies that require the student to have a special diet.

Please describe the major life activities affected by the student's condition

OMITTED FOODS

SUBSTITUTIONS

Please check all that apply:

Food recommendation

Avoid cooked

Avoid raw

No food contact

Diabetic

Calorie count needed

Pureed

Carbohydrate count needed

Texture

Chopped/ground

Ground

pudding

Thickness

Nectar, like buttermilk

Honey

No food ingestion

Other: _____

Attach any additional information that can be used to assist the LCPs in making meal modifications for this student.

Physician Signature _____

Phone _____

Print Name of Physician _____

Date _____

Return to: Taylor County Food Service 1209 E. Broadway 270.465.5371